

# STRATEGIC PLAN

## 2022-2025

CENTRE FOR DISABILITY IN  
DEVELOPMENT (CDD)



Bringing hope, dignity and meaning to life

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## LIST OF ABBREVIATIONS

<b>CBR</b>	Community Based Rehabilitation
<b>CDD</b>	Center for Disability in Development
<b>CRPD</b>	Convention on the Rights of Persons with Disabilities
<b>CSO</b>	Civil Society Organization
<b>CLTS</b>	Community Led Total Sanitation
	Disability Inclusive Climate Change
<b>DiCCA</b>	Adaptation
<b>DiDRR</b>	Disability Inclusive Disaster Risk Reduction
<b>DPE</b>	Directorate of Primary Education
<b>DPO</b>	Disabled Peoples' Organization
<b>DRR</b>	Disaster Risk Reduction
<b>DSHE</b>	Directorate of Secondary and Higher Education
<b>ESCAP</b>	Economic and Social Commission for Asia and the Pacific
<b>Govt.</b>	Government
<b>HLP</b>	Horizontal Learning Program
<b>ICT</b>	Information & Communication Technology
	International Non-Government
<b>INGO</b>	Organization
<b>ILO</b>	International Labor Organization
<b>JPUF</b>	Jatiyo Protibondhi Unnyan Foundation
<b>JMP</b>	Joint Monitoring Plan
<b>LGI</b>	Local Government Initiatives
<b>MDG</b>	Millennium Development Goals
<b>NFOWD</b>	National Forum of Organizations Working with the Disabled
<b>NGO</b>	Non-Government Organization
<b>NRCAT</b>	National Resource Centre on Assistive Technology
<b>PESTEL</b>	Political, Economic, Social, Technological, Environmental and Legal
<b>RBA</b>	Rights-Based Approach
<b>SDG</b>	Sustainable Development Goals
	Sendai Framework for Disaster Risk
<b>SFDRR</b>	Reduction
<b>SHG</b>	Self Help Group
	Strength, Weakness, Opportunity and
<b>SWOT</b>	Threat
<b>UDHR</b>	Universal Declaration of Human Rights
<b>UP</b>	Union Parishad
<b>UN</b>	United Nations
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WATSAN</b>	Water and Sanitation
<b>WHO</b>	World Health Organization

## **EXECUTIVE SUMMARY**

The Centre for Disability in Development (CDD) was emerged in 1996 to develop a more inclusive society for persons with a disability so that they can enjoy the same rights, freedoms, dignity and quality of life as everyone else. CDD exists to ensure that persons with disabilities are included in mainstream development activities in Bangladesh. CDD believes that this can only be achieved by taking a twin-track approach i.e., educating the community in how to be more inclusive and removing the barriers to inclusion whilst simultaneously empowering persons with disabilities to participate in society by providing them with essential supports.

From its outset, CDD believed in the motto of thinking globally but acting locally; and thus developed its first strategic plan in 2005. Over the years, it has therefore aligned its strategic directions in the tune of global and regional development policy frameworks, but also keeping in mind the national priorities. CDD just has passed its glorious 25 years journey, gained numerous knowledge, skills and experiences in the field disability and development during this period. It received awards and recognition from the community, government and international forum as the results of excellence of works. It has ended its last five years strategic plan in 2020. The next strategic plan was supposed to start from 2021, however, Covid19 pandemic has caused to delay. Therefore, CDD has decided to formulate its next strategic plan from 2022 to 2025 with active participation of CDD staff, management, governance, partners, stakeholders and program participants.

Following through, the strategic plan for the period of 2022-2025 has been developed through series of consultations. Finding of all these processes together with Literature Review, SWOT analysis, PESTEL analysis and Stakeholder Analysis gave specific thoughts, ideas and guidance to set the priorities areas where CDD can work for the next four years with a view to achieving specific objectives and results. A total 11 priority areas are identified, off which 7 is for development program domain and the rest 4 is for organizational domain. Priority areas, specific concerns, outcome and results are produced through critical look, and the existing vision, mission and core values are reviewed, which are presented below:

**VISION:** *"An inclusive world where all persons with disabilities live with dignity"*

**MISSION:** *"To contribute in creating a sustainable inclusive environment where persons with disabilities are meaningfully participating in the mainstream development process, on an equal basis with others"*

### **VALUES & PRINCIPLES**

- a. *Respect all human diversity*
- b. *Promote respect for dignity and independence of persons with disabilities*
- c. *Promote Creativeness and Professionalism:*
- d. *Work in Partnership*
- e. *Nurture Culture of Cooperation and Promote Hard Work;*
- f. *Taking the Side of the Most Vulnerable and Marginalized;*
- g. *Appropriate Use of Resources;*
- h. *All Human Beings are Equal:*

## **THEMATIC PRIORITY-01: HEALTH AND REHABILITATION**

**Strategic Objective-01:** To contribute to inclusive health and rehabilitation services for persons with disabilities and other marginalized groups.

**Result-1.1:** Functional independence of persons with disabilities and people in need is improved through multidisciplinary therapeutic and health care services.

**Result-1.2:** Increased sensitization and actions by mainstream health actors to incorporate rehab services, including psychosocial support from the community to the national level.

## **THEMATIC PRIORITY-02: INCLUSIVE EDUCATION**

**Strategic Objective-02:** To improve the access to quality mainstream education by learner with disabilities

**Strategic Objective-02:** To improve the access to mainstream and specialized education by learners with disabilities.

**Result-2.1:** Increased enrollment, retention and completion rate of learners with disabilities in mainstream and existing specialized education.

**Result-2.2:** Education institutes are ready, and resources are available to facilitate the inclusion of learners with disabilities.

**Result-2.3:** Increased initiatives to promote inclusive education through advocacy and networking.

## **THEMATIC PRIORITY-03: RIGHTS AND ENTITLEMENTS**

**Strategic objective-03:** To enhance the capacity of persons with disabilities, non-paid carers & their organisations on their rights and entitlements, accessing decision-making processes and available services.

**Result-3.1:** Enhanced empowerment of persons with disabilities and their carers as self-advocates with adequate understanding, knowledge, and skills to access their rights and entitlements.

**Result-3.2:** Increased meaningful participation of persons with disabilities and their non-paid carers in decision-making at family, society, and institution levels.

**Result-3.3:** Increased access to services and entitlements of persons with disabilities and non-paid carers.

## **THEMATIC PRIORITY-04: LIVELIHOOD AND ECONOMIC DEVELOPMENT**

**Strategic Objective-04:** To create earning opportunity for persons with disabilities to lead better and healthy life in their family and society.

**Result-4.1:** Increased access to skill development training opportunities for persons with disabilities.

**Result-4.2:** Increased income of persons with disabilities and most at-risk people through income generating activities and entrepreneurship.

**Result-4.3:** Increased employment opportunities for persons with disabilities in public, private and I/NGO sectors through sensitization, networking, advocacy, internship and job referrals.

#### **THEMATIC PRIORITY-05: DISABILITY INCLUSIVE LOCAL GOVERNMENT**

**Strategic objective-05:** To provide support in strengthening the capacity of the local government institutions on disability mainstreaming in the local governance structures, processes and services.

**Result-5.1:** Enhanced capacity of local government functionaries through training, workshop, exposure visits and sensitization programmes.

**Result-5.2:** Increased citizen engagement with LGIs to improve transparency, accountability, responsiveness, better service delivery and inclusiveness in the different committees of local government structure and local development processes including planning and open budgeting.

**Result-5.3:** Inclusive good governance practices at different project locations are documented and used as advocacy tools with concerned government agencies.

#### **THEMATIC PRIORITY-06: INCLUSIVE WASH**

**Strategic Objective 6:** Improved accessible and equitable access to and use of WASH facilities and services in urban and rural areas.

**Result-6.1:** Increased awareness and sensitization among community and service providers to promote inclusive and safely managed Water, Sanitation, and Hygiene.

**Result-6.2:** Capacity strengthening of WASH actors to promote WASH facilities at rural and urban areas in line with GEDSI (gender-equality, disability, and social inclusion).

**Result-6.3:** Improved disability inclusive WASH structures, system and facilities in emergency shelters and settings.

#### **THEMATIC PRIORITY-07: INCLUSIVE DRR & CCA AND HUMANITARIAN ACTIONS**

**Strategic Objective-07:** To strengthen the mainstreaming process of disability inclusion in DRR, CCA, and humanitarian actions.

**Result-7.1:** Disability issues are addressed in disaster risk reduction.

**Result-7.2:** Disability issues are addressed in climate change adaptation and mitigation.

**Result-7.3:** Disability issues are addressed in humanitarian actions

#### **ORGANIZATIONAL PRIORITIES:**

##### **Priority Area-08: Capacity Building**

**Strategic objective-08:** To improve capacity of the organization to deliver better service to target population.

**Result-8.1:** Improved and updated organizational policies, systems and cultures for better response to the needs of the community.

**Result-8.2:** Enhanced human resource capacity with appropriate knowledge and skills to ensure quality services to the community people.

**Priority Area-09: Monitoring, Evaluation, Learning and Research**

**Strategic objective-09:** To strengthen monitoring, evaluation, research and learning wing of the organization in line with program needs and priorities.

**Result-9.1:** Improved standard monitoring, evaluation and learning system and practice across the all programs and projects.

**Result-9.2:** Increased organizational excellence and acceptance in the area of disability inclusive research.

**Priority Area-10: Partnership, Communication and Visibility**

**Strategic Objective-10:** To promote organizational partnership, communication and visibility for effective use of organizational use towards sustainability.

**Result -10.1:** Strengthened and reviewed partnership with relevant stakeholders for effective coordination and networking in the field of implementation.

**Result-10.2:** Increased organizational communication and visibility locally, regionally, nationally and globally through applying effective system and cultures in practice.

**Priority Area-11: Resource Mobilization and Business Development**

**Strategic objective-11:** To optimize and explore organizational resources for organizational sustainability towards achieving organizational mission and vision.

**Result 11.1:** Increased funding opportunities to meet the organizations needs and priorities.

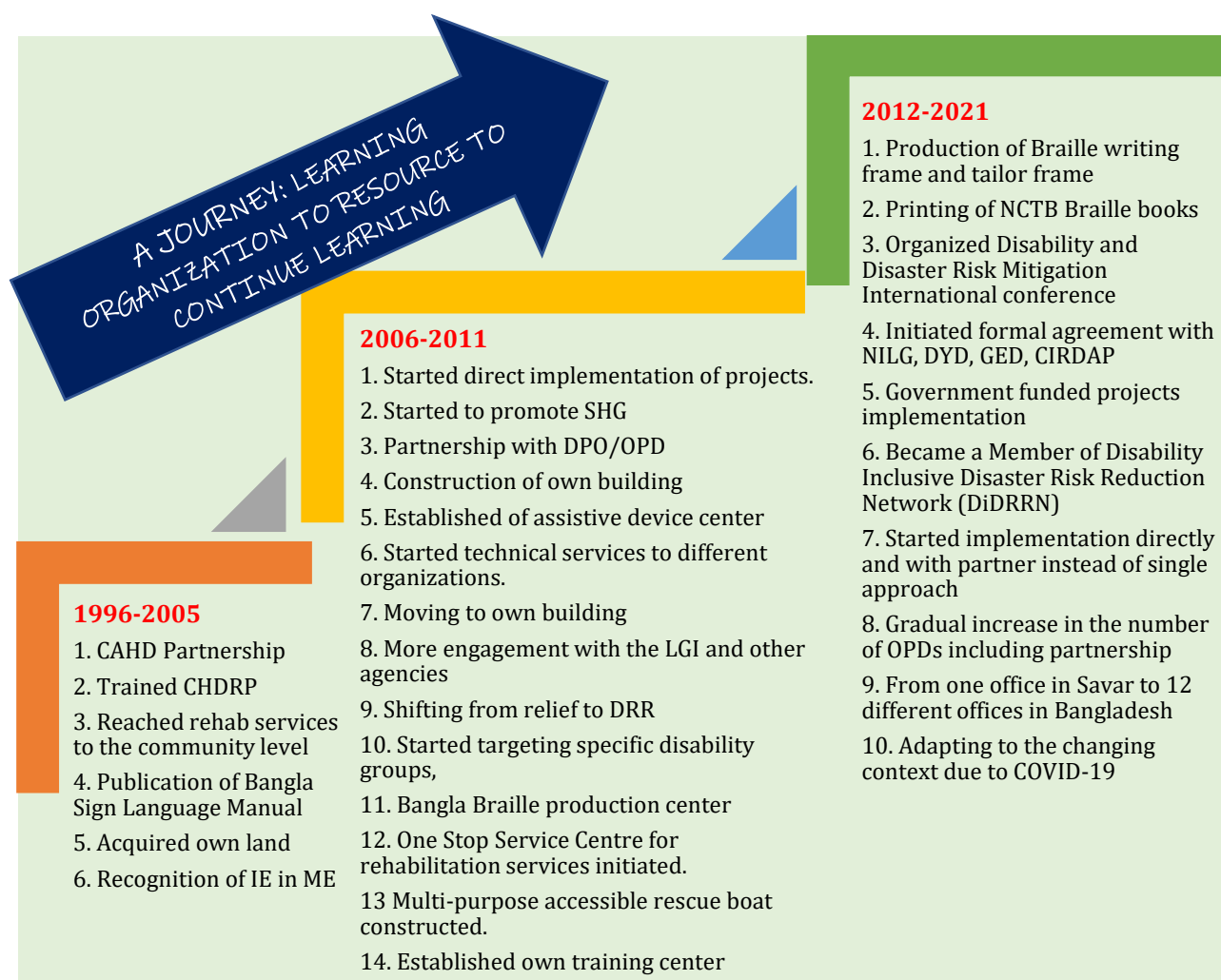
**Result-11.2:** Increased income generating provisions by utilizing organizational resources and opportunities



## Chapter-01: Flashback of CDD

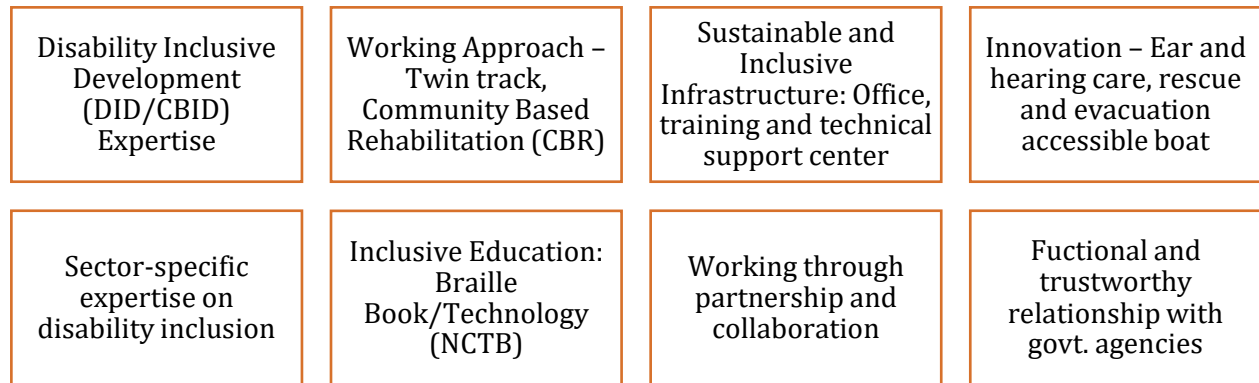
The Centre for Disability in Development (CDD) is a not-for-profit organization established in 1996 to develop a more inclusive society for persons with a disability. It is estimated that 16 million people in Bangladesh are living with a disability, receiving little or no assistance and excluded from mainstream life. CDD's mission is to address this by simultaneously educating the community in how to be more inclusive whilst also enabling persons with a disability to participate in society by providing them with essential supports. In this way persons with disabilities can enjoy the same rights, freedoms, dignity and quality of life as everyone else.

CDD exists to ensure that persons with disabilities are included in mainstream development activities in Bangladesh. CDD believes that this can only be achieved by taking a twin-track approach i.e., educating the community in how to be more inclusive and removing the barriers to inclusion whilst simultaneously empowering persons with disabilities to participate in society by providing them with essential supports. The barriers to inclusion need to be removed on both sides if persons with disabilities are to be given the same rights and freedoms as everyone else.



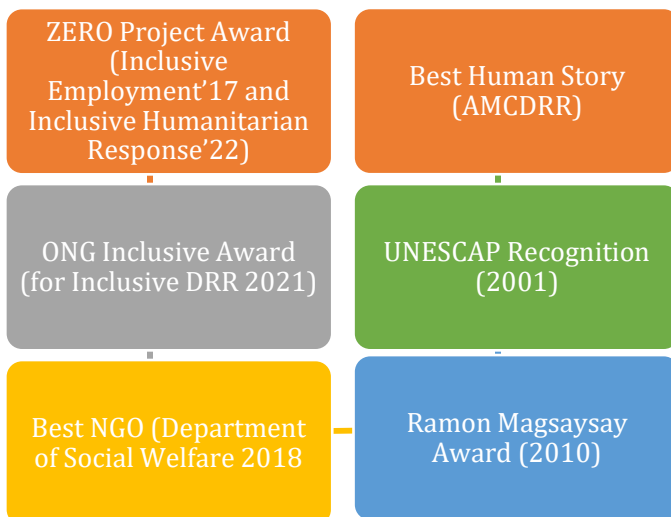
CDD works in partnership with a network of over 350 organizations both nationally and internationally. CDD’s innovative approach to disability inclusion is now being used as a model in other countries.

### What Makes CDD Different



#### Its excellence brings wider recognition:

In 2010, its founding Executive Director, AHM Noman Khan, had the honor of being awarded the Ramon Magsaysay Award (the Asia region's Nobel Prize equivalent) in recognition of CDD’s pioneering role and dedication for mainstreaming disability to build a society that is truly inclusive and barrier-free. More awards are mentioned below



#### CDD’s support in it’s journey:

All the successes and recognition of work CDD has gained over the period, has been possible for the outstanding of development partners and government agencies that include European Commission, Australian Aid, Scottish Aid, BMZ, GIZ, CBM, Sense International, Manusher Jonno Foundation, Save the Children, Light for the World – the Netherlands, Deaf Child Worldwide, Malteser International, Arche Nova, UKAid, ASB Germany, Sight Savers International, World Vision Bangladesh, UNICEF, UNDP, UNOHRHC, IOM, Department of Disaster Management - Bangladesh Government, and more.

## Chapter-02: Strategy Process and Methodology

### 2.1 Introduction

The Centre for Disability in Development (CDD) was established in 1996 as a development NGO to promote an inclusive society for persons with a disability, who receive little or no assistance and are excluded from mainstream development in Bangladesh. CDD's mission is to address this by simultaneously educating the community in how to be more inclusive whilst also enabling persons with a disability to participate in society by providing them with essential supports. In this way, CDD believes, people with disabilities can enjoy the same rights, freedoms, dignity and quality of life as everyone else.

From its outset, CDD believed in the motto of thinking globally but acting locally; and thus developed its first strategic plan in 2005. Over the years, it has therefore aligned its strategic directions in the tune of global and regional development policy frameworks, but also keeping in mind the national priorities. At the same time, it has also played significant roles in national policy formulation, aiming to make them disability inclusive. CDD has invested in small demonstration projects, such that the learning could be addressed and scaled up to the national level by the government and other large organizations. Over two decades, thus CDD has moved from a solely human resource development NGO to a large and highly respected resource organization. Its last strategic period ended in 2015, which had significantly been influenced by the WHO CBR guidelines adopted in 2010. In 2016, as the SDGs and SFDRR were being adopted at the global level, CDD planned to develop its first master plan (2016-2030), aligning it with all the relevant global frameworks and also the Bangladesh National Perspective Plan and the Vision 2021.

In pursuit of the spirit of the Convention on the Rights of Persons with Disabilities (CRPD), CDD is aiming for a twin track approach, strengthening the capacities of persons with disabilities and their organizations on the one hand, while also addressing the barriers that exist for inclusion of persons with disabilities in the mainstream development process.

### 2.2 Rationale for strategic plan

The strategic planning charts intelligent and rational direction for an organization as it accumulates more information and experience in course of implementing the programme effectively. The Centre for Disability in Development (CDD) has continuously been carrying out the need based interventions for promoting and protecting their rights of the relevant stakeholders. CCD has ended its last five years strategic plan in 2020. The next strategic plan was supposed to start from 2021, however, Covid19 pandemic has caused to delay. Therefore, CDD has decided to formulate its next strategic plan from 2022 to 2025. The CDD, a strategic plan was required to be developed at this level for following reasons:

- To revisit the activities and programs that have been implemented by CDD so far
- To reflect the achievements and challenges
- To undertake new initiatives according to the changed context and time
- To make the CDD more active and forward-moving
- To strengthen Self-help Groups and Disabled people's organizations so that they can become more active in claiming the rights for them

### 2.3 Objectives of the strategic plan

To develop a strategic plan for CDD involving CDD staff, management, governance, partners, stakeholders and program participants. The Strategic planning serves a variety of purposes of the organization. Specifically, the objectives of the strategic plan are as follows:

- a. Clearly define the purpose of the organization and to establish realistic objectives and strategies consistent with that mission in a defined time frame within the organization's capacity for implementation.
- b. Develop a sense of ownership of the organization with the plan.
- c. Listen to stakeholders opinions in order to build consensus about where the organization is going.
- d. Ensure the most effective use is made of the organization's resources by focusing the resources on the key priorities.
- e. Provide a base from which progress can be measured and establish a mechanism for informed change when needed.

### 2.4 Conceptual framework of strategic plan development

The strategic planning framework enable different perspectives and debated, scenarios and options have evaluated, decisions taken for future implementation. The strategic planning help to find the fit for an organization by applying an analytical framework that incorporates three sets of forces: Stakeholder analysis, Service analysis, SWOT analysis. A clear organizational mission and direction will guide for choices, opportunities to pursue and avoid the unwanted situation. The framework has envisaged objectives and products that will help to decide which institutional structure is required and the appropriate combination of stakeholders that should take part in the initiative. It focuses on Political, Economic, Social, Technological factors one that includes additional assessment of the Environmental and Legal factors that can impact the organizational strategic planning process.

CDD is passing through different thoughts and actions as the overall paradigm of development is shifting and the funding is also changing its course. So it is needed for the organization to revisit its past and build on that for a prosperous future of contribution. Such processes involve working with all the complexities of how humans interact - culturally, socially, politically and economically.

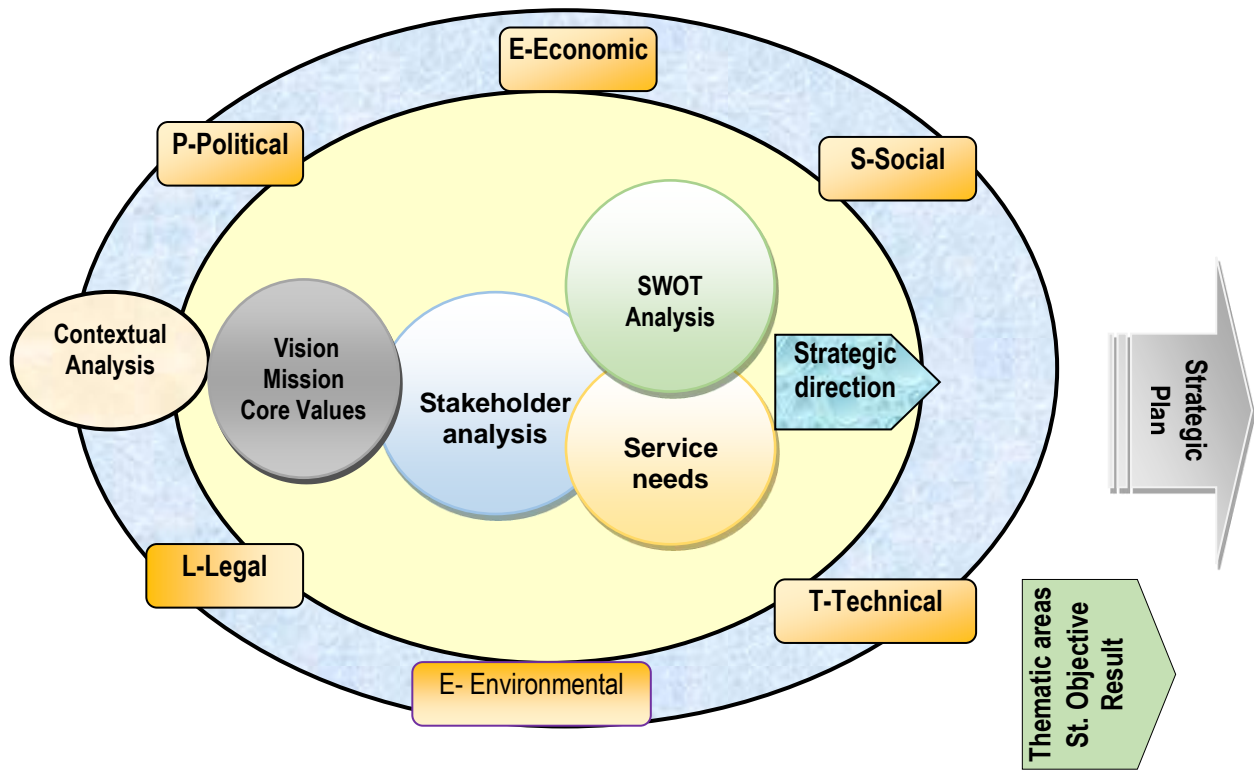
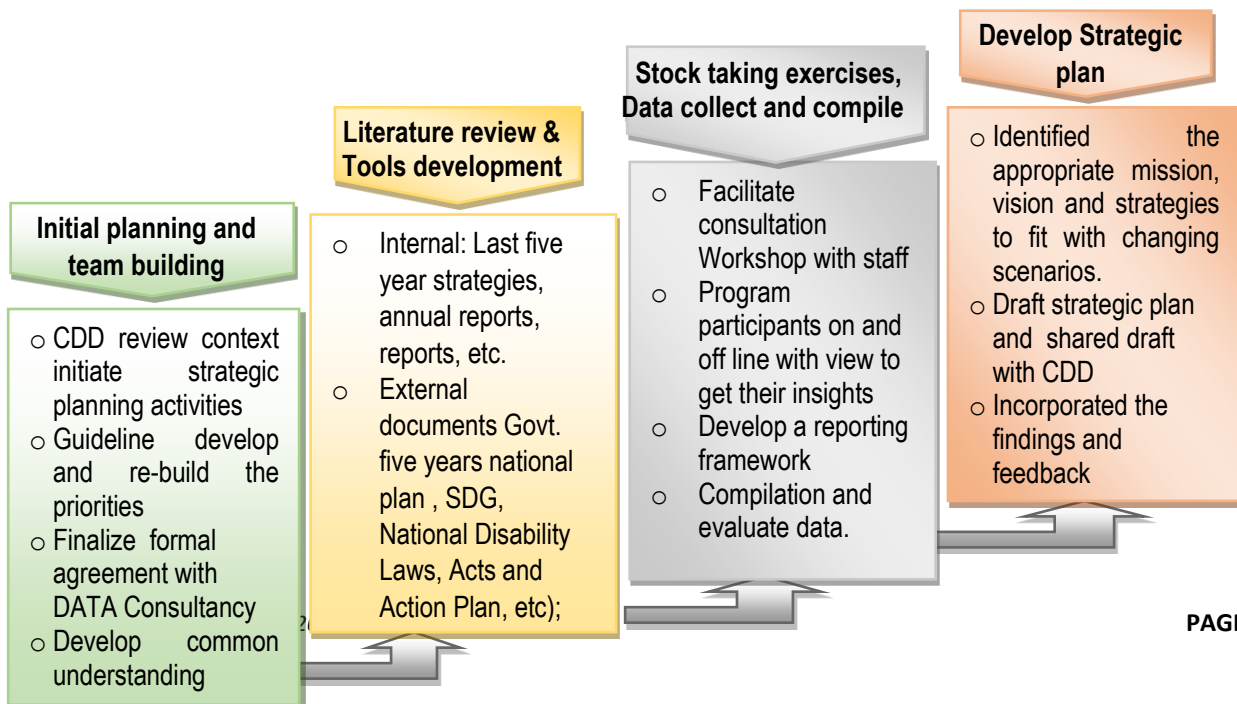


Diagram: CDD's strategic planning framework

## 2.5 Strategic planning process

The process has focused on how to facilitate multi-stakeholder and societal learning. The particular emphasis has employed to improve the quality of reflection and learning by individuals at organization as well as community level. CDD has initiated the process of developing the strategic plan in 2019 followed a rigorous consultative process, but Covid19 pandemic interrupted the process. The CDD was directly involved at all stages of the process of developing its strategic plan. An expert team of DD and has provided technical inputs at different stages. Following steps had been pursued for carrying out the process:



## **Chapter-03: Situation and Context Analysis**

### **3.1: Overview of the context in disability and development perspective**

A disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions). The understanding of disability has changed over the last few decades. It is an evolving concept now. Disability interventions are being operated now a day as human rights based approach.

According to the Persons with Disabilities Rights and Protection Act Booklet, the types of disabilities include: (i) Autism of autism spectrum disorders (ASD); (ii) Physical disability; (iii) Mental illness leading to disability; (iv) Visual disability; (v) Speech disability; (vi) Intellectual disability; (vii) Hearing disability; (viii) Deaf-blindness; (ix) Cerebral palsy; (x) Down syndrome; (xi) Multiple disability; and Other disability.

Around 15 per cent of the world's population live with disabilities. They are considered as the world's largest minority. For people with disabilities, barriers can be more frequent and have greater impact. The World Health Organization (WHO) describes barriers as being more than just physical obstacles. Here are the seven most common barriers faced by people with disabilities: a) Attitudinal, b) Communication, c) Physical, d) Policy, e) Programmatic, f) Social and g) Transportation. Their basic human rights to freedom of movement, to access to education and health care are often ignored. Because they suffer the additive difficulties of their disability, marginalization, and invisibility, their health, especially their mental health may deteriorate even further. Ignorance about the status of the disabled lends support to these gross injustices.

Considering this vast population with disabilities, the UN is always in a process to formulate, revise and implement powerful international and national disability rights laws. Several declarations and charters had been adopted, globally and regionally since 1971, to adequately address disability issues.

Disability inclusion has recently emerged as a priority in global development. For persons with disabilities sustainable livelihood interventions are being advocated which is a key component for them to be engaged in some decent work: work that is stable, that respects an individual's dignity, provides safe conditions and has fair remuneration.

Bangladesh is regarded as one of the world's most densely populated countries. There are about 16 million people with some form of disabilities in Bangladesh constituting roughly 10% of the country's population. Perceptions of disability among most Bangladeshis remain largely negative. Especially in rural areas, disability is often viewed as a curse brought on by the misdeeds of parents, and is often believed to be contagious. In Bangladesh persons with disabilities have their constitutional and legal

rights. To eliminate the obstacles of disable persons and recognize the legal rights as the equal citizens of the country, the Government took number of significant initiatives in terms of policies, acts and programs keeping alignment with international commitments.

### **3.1.1: Health and Rehabilitation**

The persons with disabilities frequently live in deplorable conditions, facing barriers that prevent their integration and meaningful participation in mainstream society. Their basic human rights to freedom of movement, to access to education and health care are often ignored. Because they suffer the additive difficulties of their disability, marginalization, and invisibility, their health, especially their mental health may deteriorate even further. Ignorance about the status of the disabled lends support to these gross injustices.

In September 2015, the Sustainable Development Goals, 2016-2030 (SDG) was launched by the UN with the spirit of "Leaving no one Behind". While all 17 goals of the SDG are universal, five goals (4, 8, 10, 11 and 17) have explicitly mentioned disability issues. Several other targets & indicators are also disability specific. Moreover, disability has been recognized as one of the core vulnerability criteria, as such, even where it is not specifically mentioned, disability issues need to be considered throughout the goals and targets of the SDG.

In Bangladesh persons with disabilities have their constitutional and legal rights. To eliminate the obstacles of disable persons and recognize the legal rights as the equal citizens of the country, the Government initiated to establish a National Foundation for the Development of Disabled Persons (NFDDP) in 2000 under the Ministry of Social Welfare. With the legislative support of National Policy on Disability 1995, the National Parliament enacted the Disability Welfare Act on 4 April 2001. Bangladesh Government established National Coordination Committee on Disability under the Ministry of Social Welfare. Bangladesh Government also signed and approved the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2007. The Persons with Disabilities Rights and Protection Act 2013 has been enacted and there is the Action Plan on Disability 2019 in place also. The 8th Five Year National Plan 2021-2025 of Bangladesh suggested **Expanding Programmes for Disabled Citizen** that identified almost 8 to 9 per cent of the population in Bangladesh has been suffering some sort of disability and almost 1.5 per cent of the population has been diagnosed with a sever disability.

Health-related rehabilitation begins with the onset of injury or disease, in persons with disability. Since a person's functional needs require attention in the immediate living environment as well as in the greater community, a range of activities including provision of accessible and appropriate home care; housing; transportation; and educational, vocational, and social opportunities is necessary. In this respect, rehabilitation is defined as a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment. Health condition refers to disease (acute or chronic), disorder, injury or trauma.



A health condition may also include other circumstances such as pregnancy, ageing, stress, congenital anomaly, or genetic predisposition. Rehabilitation thus maximizes people's ability to live, work and learn to their best potential. Evidence also suggests that rehabilitation can reduce the functional difficulties associated with ageing and improve quality of life. Just like promotion, prevention, treatment and palliation, rehabilitation is a health strategy that needs to be available for the whole population; it is likely that everyone at some stage in their life will need rehabilitation services. In view of this and acknowledging the magnitude of existing and emerging needs for rehabilitation, the Rehabilitation 2030 Initiative was launched by the World Health Organization in February 2017. This initiative includes a Call for Action that highlights ten priority actions requiring coordinated and concerted efforts by the rehabilitation community and Ministries of Health.

### **3.1.2: Education:**

Globally, there are 150 million children living with disabilities. They are often denied an education because they are the most vulnerable and excluded people in their communities. Inclusion is anchored on the fundamental human right to education for all promulgated in the 1948 Universal Declaration of Human Rights. The United Nations Convention on the Rights of Persons with Disabilities (CRPD), specifically Article 24, strengthened the global shift towards inclusion by mandating States parties to improve education systems and undertake measures to fulfil the rights of persons with disabilities to quality inclusive education.

Despite overall progress in education attainment globally, children with disabilities remain one of the most marginalized groups. In Bangladesh, the approach to educating children with disabilities depends on the type and degree of their disability. Types of disabilities mentioned in NEP 2010 are blind, deaf, dumb, physically and mentally handicapped. These disabilities are further categorized as "mild, semi, and acutely handicapped". The policy notes that many children with disabilities can participate in mainstream education settings with some accommodations, but children with severe disabilities will be provided special education services. Strategies for improved special education outlined in the policy include the following that directly relate to children with disabilities.

The Context of Inclusive Education As per the Sustainable Development Goal (SDG) 4 the new target for all developing countries is to develop an equitable, inclusive and quality education system for all children by the year 2030 (UNDP, 2015). All countries throughout the world including Bangladesh are attempting to address the inequalities and barriers in access and quality of education through inclusive education reforms.

Inclusive Education in Bangladesh: Expressly addressing education for children with disabilities, the National Education Policy (NEP) 2010 provides options for integration in mainstream schools or enrolment in separate schools, according to the degree of a child's disability (Chapter 18). An Integrated Special Education Policy came into force in 2019 that endorse much more important in different reality. The Fourth Primary Education Development Program 2018–2023 (PEDP4)<sup>21</sup> reinforces the right of children with disabilities to education.



Provisions of inclusion in many existing policies remain on paper, however, as intuitional barriers to accessible education for children with disabilities continue to be unaddressed and a strategic and gradual transition to a fully inclusive education system is missing. Development partners help bring children with disabilities to school. Several development partners continue to help increase the participation of children with disabilities in school. Projects such as Developing a Model of Inclusive Education (DMIE) make promising strides in making education for young children accessible and learner centered. Other initiatives provide integrated and specialized education for children with specific disabilities. These schools provide education and rehabilitation services, as well as support to the families and caregivers.

In spite of the significant achievement in primary level enrolment in schools, still a big number of children are not in schools in the targeted areas. The enrolment status of children with disabilities are 48%. In social and cultural activities, though children with disabilities who are in school get the opportunities to participate, but the participation of out of school children is very low pushing them further below the marginalization ladder. The number of children with disabilities decreased gradually in the upper classes. Girls with disabilities experience greater exclusion and in justices as a result of their disability and gender. They are less likely to go to school and are often considered a burden on the family because they are seen as a non-productive member of society.

The government has engaged in several programmes to address the gap in participation of girls, including girls with disabilities, in secondary education, such as policy-backed stipends and scholarships. However, girls with disabilities are more vulnerable to social discrimination and neglect. Some studies show that many people in the country still view disability as a burden and embarrassment to families. This is particularly even more glaring for women and young girls with disabilities. Girls with disabilities tend to be more prone to marginalization compared to boys with disabilities. However, Bangladesh has made significant progress in achieving gender parity in primary and secondary education.

### ***3.1.3: Rights and entitlements of persons with disabilities***

Globally, the rights and entitlements for persons with disabilities include a) Equality and non-discrimination, b) Community life, c) Protection from cruelty and inhuman treatment, d) Protection from abuse, violence and exploitation, e) Protection and safety, f) Reproductive rights, g) Accessibility in voting, h) Access to justice, i) Education, j) Skill Development and Employment, k) Social Security, Health, Rehabilitation And Recreation, etc.

The 1972 Constitution of the People's Republic of Bangladesh guarantees the basic human rights of every citizen of the country and prohibits any form of discrimination between social groups, including persons with disabilities. Article 15(d) secures the right to social security for persons with disabilities. Bangladesh signed and ratified (in 2007) the United Nations Convention on the Rights of Persons with Disabilities (CRPD). Bangladesh also signed the Proclamation on the Full Participation and Equality of People with Disabilities in the Asia Pacific Region and the Biwako

Millennium Framework for Action Towards an Inclusive, Barrier Free and Rights Based Society for Persons with Disability.

Bangladesh passed the Rights & Protection of Persons with Disabilities Act in 2013. It approaches disability from a human rights perspective and provides for inclusive education, the reservation of seats on all forms of public transport, accessibility provisions for all public places, equal opportunities in employment and the protection of inherited property rights. The law requires persons with disabilities to register for identity cards to track their enrolment in educational institutions and access to jobs.

In terms of government agencies, the responsibility for advancing the rights of persons with disabilities in Bangladesh is vested in the Ministry of Social Welfare. Within the ministry, there is a National Foundation for the Development of Disabled Persons (Jatiyo Protibondhi Unnyan Foundation or JPUF). They work for a) Raising awareness about the rights of persons with disabilities; b) Providing and coordinating diagnostic, rehabilitative, therapeutic and education services to persons with disabilities and their families; c) Running a number of facilities, including schools for children with special needs, an autism resource center, handicraft training center and a hostel for jobseekers with disabilities; and d) Disbursing grants and loans to persons with disabilities, to disability-related projects and programmes of NGOs and to self-help organizations of persons with disabilities. It is also to mention that Bangladesh has a complex Social Safety Net provisions for persons. It includes cash allowances for “financially insolvent” persons with disabilities and injured freedom fighters, stipends for students with disabilities, grants for special schools and the subsidization of Service and Assistance Centers for persons with disabilities.

#### **3.1.4: Livelihood and economic development**

Livelihood is one of the very basic needs for all human being to continue living and become empowered. Livelihood and employment is regarded as one of core interventions for the most vulnerable group of the people with disabilities. Globally a key component for sustainable livelihoods is engagement in decent work: work that is stable, that respects an individual’s dignity, provides safe conditions and has fair remuneration. It is illustrative that in many countries, people with disabilities are not even registered as job seekers, but are instead classified in labour market terms as inactive.

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in its article 27 recognizes “the right of persons with disabilities to work, on an equal basis with others”. The article 28 also recognizes “the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions”. The International Labour Organisation (ILO) stipulates in its multi-annual strategy that “disability inclusion refers to promoting and ensuring the participation of people with disabilities in education, training and employment and all aspects of society and providing the necessary support and reasonable accommodation so that they can fully participate”.

Bangladesh government also has a strong commitment towards the fundamental human rights according to the constitution. But because of limited resources, there are always some challenges for livelihood of persons with disabilities. In Bangladesh for any person to be involved in job, a minimum standard of financial capacity and educational qualification is required. In most cases, persons with disabilities do not have these required capacities. For this reason, it is difficult for persons with disabilities to become involved with livelihood.

The Government had declared quota for persons with disabilities along with the orphans in selected grades of Government jobs. But this was not adequately practiced in majority of the recruitments. Negative attitude towards the abilities of persons with disabilities, inaccessible workplace and rigidity in policy created obstacles in waged employment including government sector.

The 8th Five Year Action Plan 2021-2025 further indicated approximately 9 per cent of the total population, including 3 million children, are disabled in Bangladesh, of which half a million are multi-handicapped. Around one-third of all households have a disabled member. Disability on this scale represents not only a major health issue, but is also a prime cause of poverty and underdevelopment. The plan also recognizes persons with disabilities being excluded from microfinance schemes, own less land and are less likely to be involved in any economic activity. The vast majority of them have to leave employment. In Bangladesh it is assumed that only 5 % people with disability are employed. But it is widely accepted that employment for people with disability is not only for money or earning livelihood but also for building confidence and self-esteem among them.

Persons with disabilities are less likely to be involved in any economic activity compared to people without disabilities. Further, there are limited partnerships to support employment in Bangladesh for persons with disabilities. Employment policies to support persons with disabilities are rare. A public sector quota states that 10% of the workforce must be made up of persons with disabilities, but this is not well implemented.

### **3.1.5: Governance in Disability Inclusion**

Good governance begins with parliamentary and state legislature's oversight on how policies and legislations impacting persons with disabilities are being implemented and monitored. The government of Bangladesh has taken a number of legislative and policy steps that indicate commitment to advancing the rights of persons with disabilities. In terms of international instruments, these steps include: Signing and ratifying (in 2007) the United Nations Convention on the Rights of Persons with Disabilities (CRPD), as well as its Optional Protocol (in 2008). The Optional Protocol allows persons with disabilities whose rights have been violated to bring complaints to the Committee on the Rights of People with Disabilities, sub-regional and regional levels aimed at systematically improving the conditions of persons with disabilities and harnessing their full development potential. Ratifying the Dhaka Declaration on Autism and Neurodevelopment Disabilities, which recognizes the need for concerted

and coordinated actions, both regionally and globally, to promote accessibility to quality mental health services.

The first National Policy for the Disabled was adopted in 1995, with the aim of mainstreaming disability into the country's development agenda. It gives guidelines for prevention, identification, rehabilitation, education, research and accessibility, among other things. It was followed by a Disability Welfare Act in 2001 and a National Action Plan in 2006, involving 17 different ministries. Since the adoption of the new Disabilities Act in 2013, the policy has been revitalized and coupled with new institutional arrangements and action plans.

Bangladesh has a complex Social Safety Net, which includes cash allowances for "financially insolvent" persons with disabilities and injured freedom fighters, stipends for students with disabilities, grants for special schools and the subsidization of Service and Assistance Centers for persons with disabilities.

The Government of Bangladesh created a formal mechanism to monitor the progress. 46 Disability Focal Points (FPs) were created, in as many ministries & departments in 2008. A National Monitoring Committee was also launched, chaired by the Secretary of the Ministry of Social Welfare (MOSW). Besides the FPs, the Chairperson of the National Human Rights Commission, and a few other recognized Human Rights promoters were included in this committee. The National Forum of Organizations Working with the Disabled (NFOWD) president was the only representative in this committee from the disability sector. The committee almost regularly convenes on a quarterly basis.

Implementing agencies, The Rights of Persons with Disabilities Act of 2013 calls for a 27-member National Coordination Committee to be mandated with coordinating the activities of all governmental and nongovernmental role-player in order to fulfil the objectives of the law.

In terms of government disability and development in a roundtable discussion the discussant said that though the 2018 action plan had been approved, its implementation was disheartening. There was no reflection of the action plan's implementation in the national budget. According to the law, the district committees were basically the guardians of disabled people. However, these committees were not carrying out their responsibilities. The national level meetings were also not being held on time. There was no secretariat to carry out the secretarial responsibilities for the implementation, supervision and monitoring of the action plan. UP standing committees related to person with disability are not functioning well.

### **3.1.6: Inclusive Wash**

Access to safe and clean water and sanitation facilities are basic rights of all, including persons with disabilities, and the denial of which can have serious implications on their well-being. Persons with disabilities have the same rights as any other person, including the right to clean water, hygiene and sanitation. They have specific needs also. Persons with disabilities often have limited access to water, sanitation and hygiene (WASH) services in emergency and development situations. And hence it is

the responsibility of the WASH sector to meet the needs of ALL persons with disabilities.

In WASH, disability inclusion is a prime issue as well a major challenge and this is to make water, sanitation and hygiene available, affordable, dignified, and accessible to all persons with disabilities. The SDGs explicitly include disability and persons with disabilities, so it is imperative to promote disability inclusion to ensure access to water and sanitation for all, including people with disabilities, by 2030.

Recent multi-country analyses reported that the majority of people with disabilities could access the same WASH facilities as other household members, but they frequently required assistance to do so and often faced difficulties. One survey of 20,000 house-holds in Bangladesh found that 47% of people with disabilities found it difficult to access sanitation facilities without coming into contact with feces, whilst 79% were unable to collect water.

In Bangladesh, since the very beginning the importance of WASH is recognized. Significant progress has been made in the WASH sector under the Seventh 5-year Plan in water supply, sanitation at the household, school and healthcare facility levels too. The current 8th 5 year plan stresses on Context-Specific Environmental and WASH Technologies/interventions that covers costal area, char area, hill tracts and urban slum.

Though in Bangladesh, Disability Inclusive Wash is highly stressed, there are still areas for improvements. It is needed to highlight the inclusion and neglect of core concepts of human rights of people with disabilities in WASH policy documents and programs of Bangladesh. It is an emphasis to have Disability inclusive WASH at school, at home and at all public places. It is especially critical for WASH infrastructure at health care facilities to be accessible to people with disabilities. It is also important, in this respect, to address physical barriers are addressed through adaptations to infrastructure, such as ramps or assistive devices for toileting.

### ***3.1.7: Disaster and Climate Change Impact***

Bangladesh is highly vulnerable to natural hazards and the impact of climate change. The impact of disaster and climate change have a disproportionate and higher effect on individuals with disabilities, both directly and indirectly. Individuals with disabilities are likely to suffer more with change will cause increasing hardship for them. People with disabilities often face barriers in accessing healthcare services and in receiving timely public health or emergency information in an accessible format. Additionally, many people with disabilities experience high rates of social risk factors that contribute to poor health, such as poverty, unemployment, and lower education.

The adverse impacts of climate change on individuals with multiple vulnerability factors, including women and girls with disabilities, require adequate measures that take into account their specific requirements and ensure their participation in disaster response planning for emergency situations and evacuations, humanitarian emergency response and healthcare services.

Moreover the barriers for people with disabilities in such environments are heightened. They are mostly excluded from disaster management actions such as risk and capacity assessment, identification, early warning, search, rescue, evacuation, shelters, emergency response, water & sanitation, healthcare, and rehabilitation. They may also be overlooked in the relief and rebuilding process, and given they have often lost their personal possessions and their means of livelihood this can send persons with disabilities into a spiral of greater poverty and vulnerability that intensifies with every new disaster.

In context of the above, more efforts are being undertaken globally and locally. Resolution adopted by the General Assembly on 3 June 2015, which is known as Sendai framework for Disaster Risk Reduction 2015–2030, speaks of a disaster risk reduction strategy; it clearly indicates Disaster risk reduction requires a multi-hazard approach and inclusive risk-informed decision-making based on the open exchange and dissemination of disaggregated data, including by sex, age and disability.

In the UNDRR Strategic Framework 2022-2025 emphasizes on leaving no one behind' is stressed. It gives importance on Disability inclusive DRR. This document further initiates on Sendai Framework implementation to be monitored. Handicap International jointly with EU advocated about disability to be included into disaster risk reduction in its training manual. Dhaka Declaration, Bangladesh, May 15 - 17, 2018 adopted a clear imperative on Disability and Disaster Risk Management Dhaka.

The government of Bangladesh adopted National Plan for Disaster Management 2021-2025 which highlighted Action for Disaster Risk Management towards Resilient Nation. It stressed importance of Dhaka declaration too. Persons with disability are mentioned here as a strong criterion. It spoke of disability mainstreaming across the 34 indicators. The 8th Five Year Plan of Government of Bangladesh 2021-2025 supports inclusive DRR response.

Although there is a shift towards inclusive approaches within international and national policy frameworks, the participation of PWDs in DRR within Bangladesh remains limited. This is the result of the generally poor and disaster prone environment of Bangladesh, where PWDs continuously face challenges of participation due to persisting barriers.

### ***3.1.8: Humanitarian response in the context of Rohingya influx:***

After the Rohingya influx in 2017, Bangladesh government and humanitarian development community came forward to stand behind them with possible support. According to joint GoB – UNHCR Population Factsheet as of October 31, 2021, there are estimated 907,766 Forcibly Displaced Myanmar Nationals living in 34 makeshift camps in Ukhiya and Teknaf, among them children are represented 52% of the Rohingya population. In addition, there are 44% of adult, and 4% of Older People living among the Rohingya population while 1% is the Persons with Disabilities. The environment remained congested coupled with the socio-economic disadvantages, restriction of movement, lack of livelihoods and educational opportunities, escalating violence, environmental hazards including cyclone and monsoon conditions, and the COVID-19 pandemic all contributed to a rapid increase the vulnerability of children,



older people, and Persons with Disabilities to violence, neglect, exploitation, and abuse.

Persons with Disabilities and the Older People in both the Host and Rohingya communities have lifelong experiences of trauma, violence and abuse, family separation and disappearances, gender-based violence, challenges of movement and lack of access to basic services such as health, NFIs, shelter, WaSH, and protection. The risks of natural disasters are also major concerns as their shelters may not be strong enough and Person with Disability may lose their independence and access to services. Even without rains, the topography of the camps makes it especially difficult for Older People and Persons with Disabilities with restricted mobility to move around safely.

A 16% of families report having a disabled family member (REACH assessment, May 2018) while according to Ageing and disability, Department of Economic and Social Affairs Disability, United Nations, 46% of persons aged 60 years and over have single or multiple disability. Only 34% of this group said they knew how to ask for improved WaSH services. The topography, density and site planning of the camps present unique difficulties for providing tailored WaSH services to meet the needs of Older People and People with Disabilities.

There are 22,194 Persons with Disabilities in Cox's Bazar District (Cox's Bazar DC Office, 2019). Of these, the number of visually impaired children is the highest. Others include autism, intellectual impairment, mental retardation, speech impairment, multidimensional disabilities, cerebral palsy, Down syndrome, hearing impairment and many other disabilities. According to District Social Service Office, identified number of Persons with Disabilities in Cox's Bazar is 28,178 and more than a few times of this number are still unidentified.

### 3.2: Organizational environment analysis (SWOT Analysis)

To better understand the organizational situation, a SWOT analysis was done among different layer and category of staff.

#### **3.2.1: SWOT analysis:**

SWOT is the matrix of four quadrants mostly uses to analyze the organizational environment. CDD uses this management model to analyze where they are now, where they want to be, and then make an action plan to get there. The SWOT presents: S = Strengths, W = Weaknesses and O = Opportunities, T = Threats. The SWOT analysis attempts to categorize the internal (Strengths & Weaknesses) and external (Opportunities & Threats) variables and factors in a structured format that will allow the organization to prioritize its activities based on whether they consider these variables reflect the situation and potentials.

## Strengths and Weaknesses analysis

Strengths	Weakness
<p><b>Organizational</b></p> <ul style="list-style-type: none"> <li>• Specific and reputed organization in the field of disability Inclusion through disability mainstreaming and empowerment.</li> <li>• Proven track record and reputation with persons with disabilities, Self Help Groups (SHGs), Carers, Disabled People’s Org.</li> </ul> <p><b>Policy and system</b></p> <ul style="list-style-type: none"> <li>• The organization has updated and approved constitution.</li> <li>• Have necessary policy documents includes HR, operational, procurement, workplace, Information disclosure policy</li> </ul> <p><b>Human resources</b></p> <ul style="list-style-type: none"> <li>• CDD has Inclusive work environment, Supportive board members,</li> <li>• CDD practices good governance with efficient current leadership, and</li> <li>• Committed and skilled staff in diverse sectors of disability inclusion.</li> </ul> <p><b>Infrastructure and assets</b></p> <ul style="list-style-type: none"> <li>• Assets like own land, building, training and Learning centre, equipment, vehicles, ship,</li> <li>• Assistive devices production centre, Braille Slate, Taylor-frame production unit, Braille Printing Press, accessible for PWD</li> </ul>	<p><b>Organizational</b></p> <ul style="list-style-type: none"> <li>• Nature of staffs are mainly project based that limit the organizational efficiency.</li> </ul> <p><b>Policy and system</b></p> <ul style="list-style-type: none"> <li>• No HRD policy available</li> <li>• There is no central M&amp;E system, ICT and security, Anti-harassment policy etc.</li> </ul> <p><b>Human resources</b></p> <ul style="list-style-type: none"> <li>• Lack Staff Capacity Development Strategy and systematic appraisal system</li> <li>• Absence of Central MEAL Unit</li> <li>• CDD does not have resource pool of external trainers and dedicated full-time trainers</li> <li>• Few female staffs</li> </ul> <p><b>Infrastructure and assets</b></p> <ul style="list-style-type: none"> <li>• It is difficult for CDD to mobilize resources to ensure adequate maintenance and replacement of assets when required considering depreciation.</li> <li>• To make the training complex more advance standard and to make it attractive a huge investment is required. It is difficult for CDD to mobilize construction funds from donors.</li> </ul>



Strengths	Weakness
<p><b>Operations</b></p> <ul style="list-style-type: none"> <li>• Supportive Executive Committee</li> <li>• Has skills and commitment in partnership management and development</li> <li>• Availability of diversified services for persons with disabilities,</li> <li>• Produces the core services of project management, advocacy, and information exchange for its members and partners.</li> </ul> <p><b>Communications and Networking</b></p> <ul style="list-style-type: none"> <li>• CDD maintains good working relationship with UN agencies, INGOs, NGOs, and OPDs, related national and global networks.</li> <li>• Govt ministries, Dept. Local Govt institutes at Union, Upazilla and District Level</li> </ul> <p><b>Finance</b></p> <ul style="list-style-type: none"> <li>• Financial policy and operation system in place.</li> <li>• Financial transparency and accountability</li> </ul>	<p><b>Operations</b></p> <ul style="list-style-type: none"> <li>• CDD does not have dedicated documentation wing/team/unit and staff with too</li> <li>• There is absence of dedicated research &amp; knowledge management team/unit</li> <li>• Lack of collective disaggregated data analytical documents with inadequate communication on best products of CDD</li> </ul> <p><b>Communication and branding</b></p> <ul style="list-style-type: none"> <li>• Lack of marketing and branding strategy with inadequate promotional activities</li> <li>• Lacking Organizational Visibility and evidence-based advocacy agenda and organisational advocacy plan and strategy.</li> </ul> <p><b>Finance</b></p> <ul style="list-style-type: none"> <li>• Lack of organizational sustainability and resource mobilization plan</li> <li>• Organizational fund-raising strategy and quality business plan and as an organisation, is highly dependent on international donors</li> </ul>

**Opportunities and Threats analysis**

Opportunities	Threats
<p><b>GOB priorities</b></p> <ul style="list-style-type: none"> <li>• One of GOB priorities currently is disability inclusion and there</li> <li>• Supportive laws, policies and action plan for disability and social safety net policy and field level.</li> </ul> <p><b>International commitments</b></p> <ul style="list-style-type: none"> <li>• There are international commitments like UNCRPD, SDG, SFDRR, Dhaka Declaration, etc as well as National commitments on Disability Inclusion.</li> <li>• Support CDD's work helping in increased voice for localization, engagement of Bangladeshi national organizations as strategic partners</li> </ul>	<p><b>Political process</b></p> <ul style="list-style-type: none"> <li>• The political culture and embedded election which provides underlying assumptions of impacting the enabling work.</li> </ul> <p><b>Growing competitors</b></p> <ul style="list-style-type: none"> <li>• UN agencies, INGOs and Donor agencies are considering implementing increase number of similar programs like CDD's.</li> </ul> <p><b>Fund flow problems</b></p> <ul style="list-style-type: none"> <li>• A number of profit organizations are also entering into development work and accessing larger funds as well as international disability funds.</li> </ul>

<p><b>Consortium-based projects</b></p> <ul style="list-style-type: none"> <li>CDD has more opportunity of being regarded as technical expert consortium-based projects.</li> </ul> <p><b>CSR options</b></p> <ul style="list-style-type: none"> <li>Social enterprise Individual donors Increased CSR options, that can support CDD</li> </ul> <p><b>Disabled people's organizations</b></p> <ul style="list-style-type: none"> <li>Member of PO's represent themselves to governments, service providers, the, national &amp; UN forum and the public.</li> </ul> <p><b>Voluntary involvement</b></p> <ul style="list-style-type: none"> <li>Increased awareness and involvement of multi- stakeholders on disability inclusion.</li> </ul> <p><b>Catastrophic situation</b></p> <ul style="list-style-type: none"> <li>The COVID-19 pandemic situation and frequent disasters, climate induced challenges, created the new dimension context for working on disability inclusion.</li> </ul>	<ul style="list-style-type: none"> <li>Bangladesh is moving towards middle-income country and this warrants a constricting future funding, donors focus might be shifted.</li> </ul> <p><b>Pulling skill staff</b></p> <ul style="list-style-type: none"> <li>UN agencies, INGOs and larger NGOs often offer jobs at a much higher salary, pulling skilled staff out of CDD.</li> </ul> <p><b>Inadequate capacity</b></p> <ul style="list-style-type: none"> <li>Self-help groups and Disabled people's organizations</li> </ul> <p><b>Socio-political instability</b></p> <ul style="list-style-type: none"> <li>Long standing of Rohingya refugees Pandemic COVID 19 and recent Russia-Ukraine war etc. pose as an uncertainty</li> </ul>
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**3.2.2: Plan of action**

Based on SWOT analysis CDD identified some strategies to address each of the areas. In summary; strengths need to be maintained, built upon or leveraged. Weaknesses need to be remedied or stopped. The opportunities need to be prioritized and optimized. Threats need to be countered or minimize their impact. It can enable an organization to anticipate future initiatives and flourish the organization.

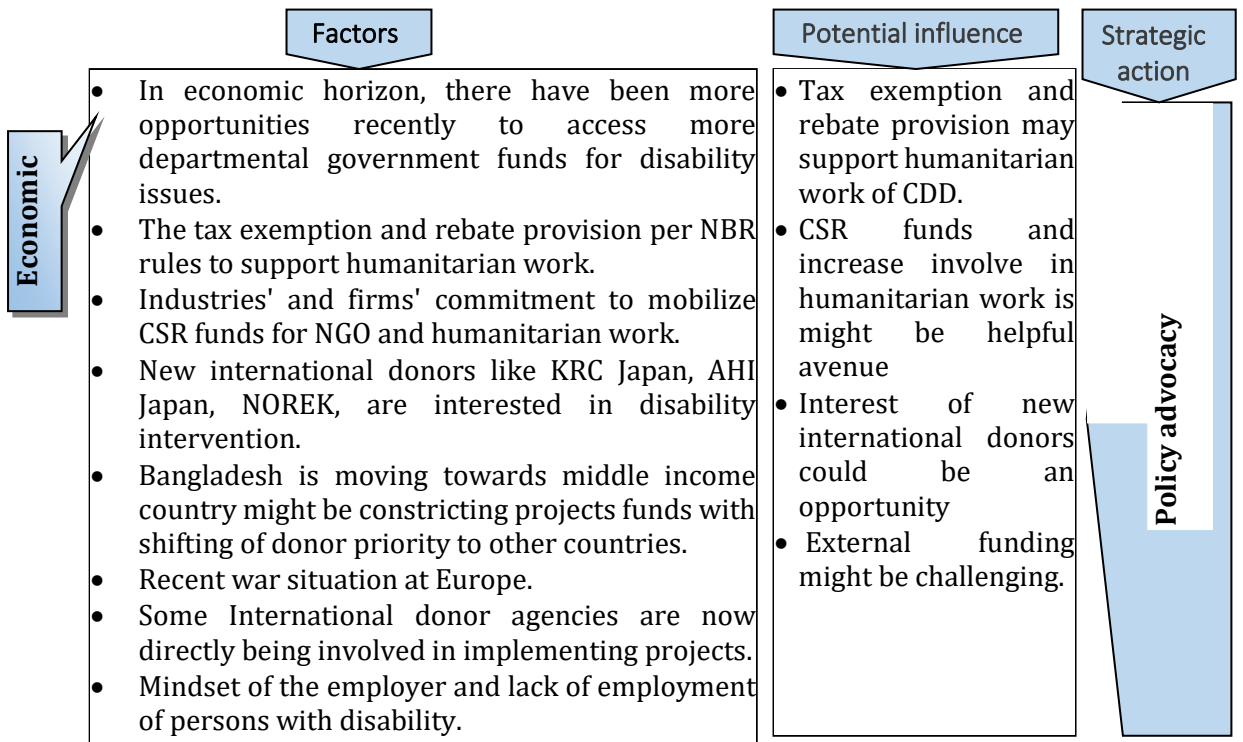
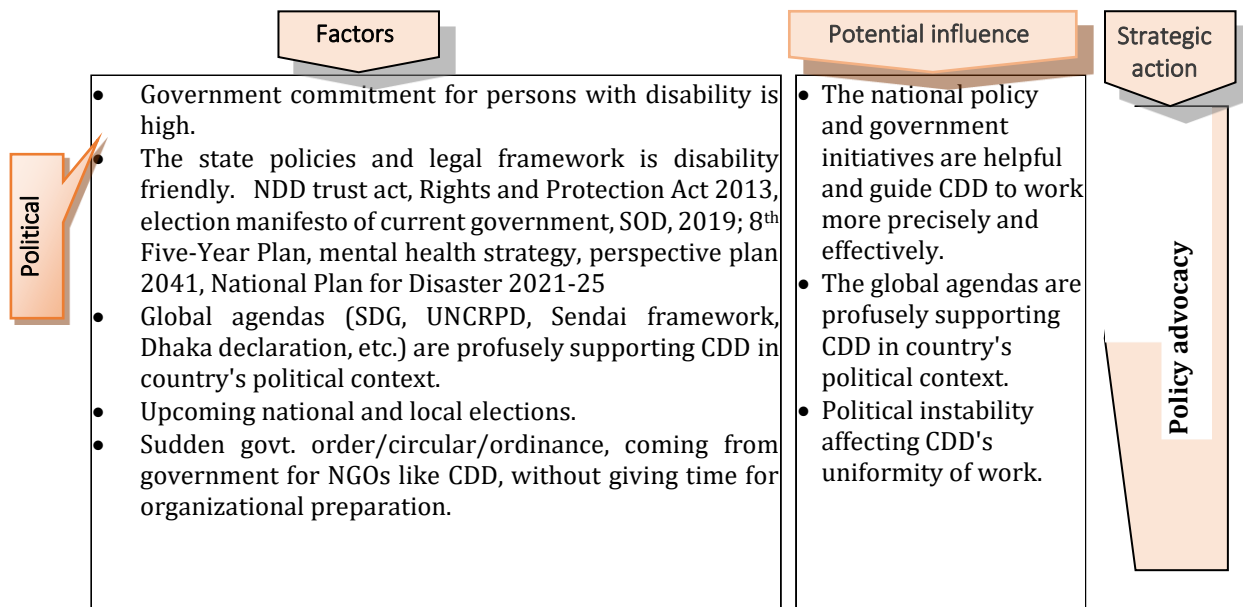
Make use of strengths	Overcome the weaknesses
<ul style="list-style-type: none"> <li>Uphold the strengths of the organization and take initiatives to make use of them.</li> <li>Make use of experienced leadership and promote new leadership.</li> <li>Increase access of policy documents and ensure practices at organization and personal level.</li> <li>Communicate different models, good practices, resource materials and knowledge products on disability issues.</li> </ul>	<ul style="list-style-type: none"> <li>Update the existing policies of the network</li> <li>Strengthen leadership among the members of Self-help Groups and Disabled people's organizations</li> <li>Initiatives to shift project approach to programmatic approach</li> <li>Apply 'coaching system' for capacity building for Disabled people's organizations</li> </ul>

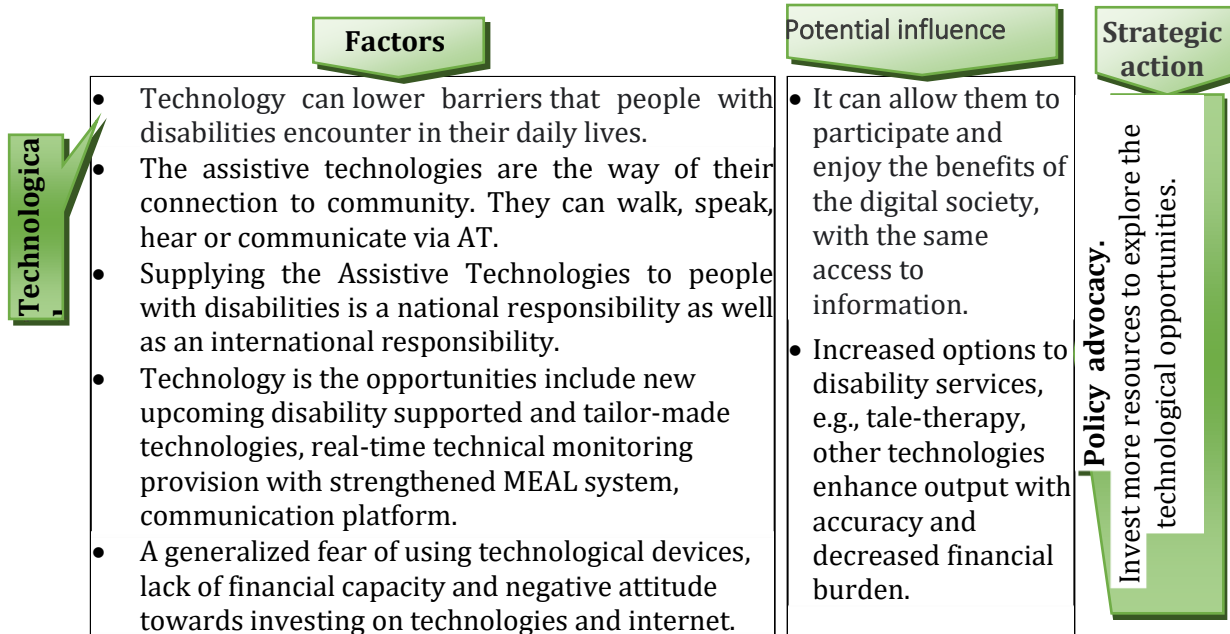
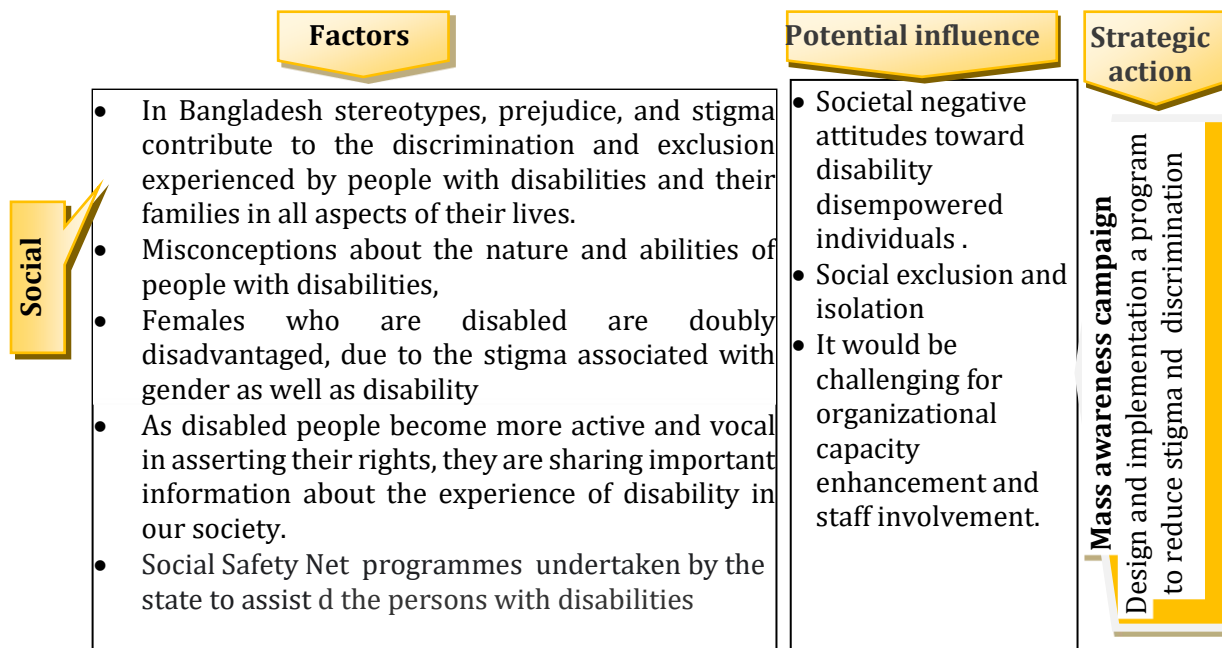
Strategies to utilize the opportunities	Strategies to face the threats
<ul style="list-style-type: none"> <li>• Develop comprehensive and need based program</li> <li>• Establish a resource center</li> <li>• Linkages with individuals and institutional resources.</li> <li>• Networking &amp; linkage with corporate sectors and non-traditional donors.</li> <li>• Policy advocacy</li> </ul>	<ul style="list-style-type: none"> <li>• Organizational sustainability plan</li> <li>• Shared learning, more coordination and collaboration</li> <li>• Dialogues with human rights organizations, media and civil society.</li> <li>• Mass awareness campaign and education</li> </ul>

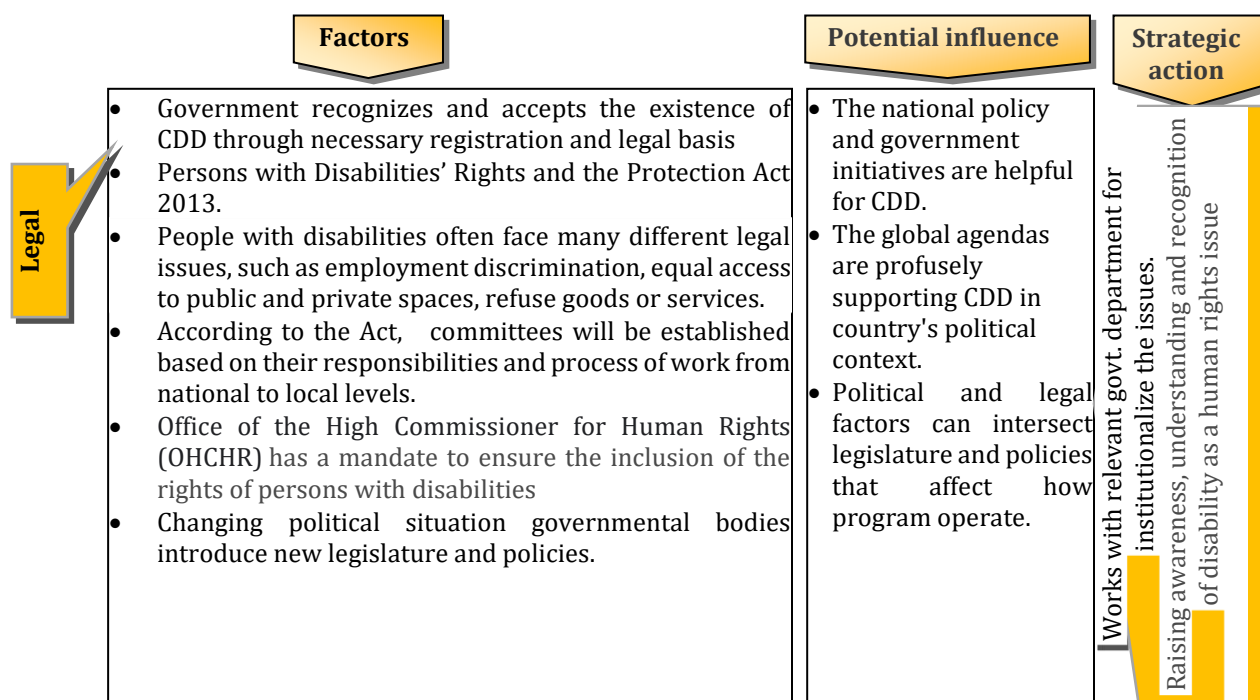
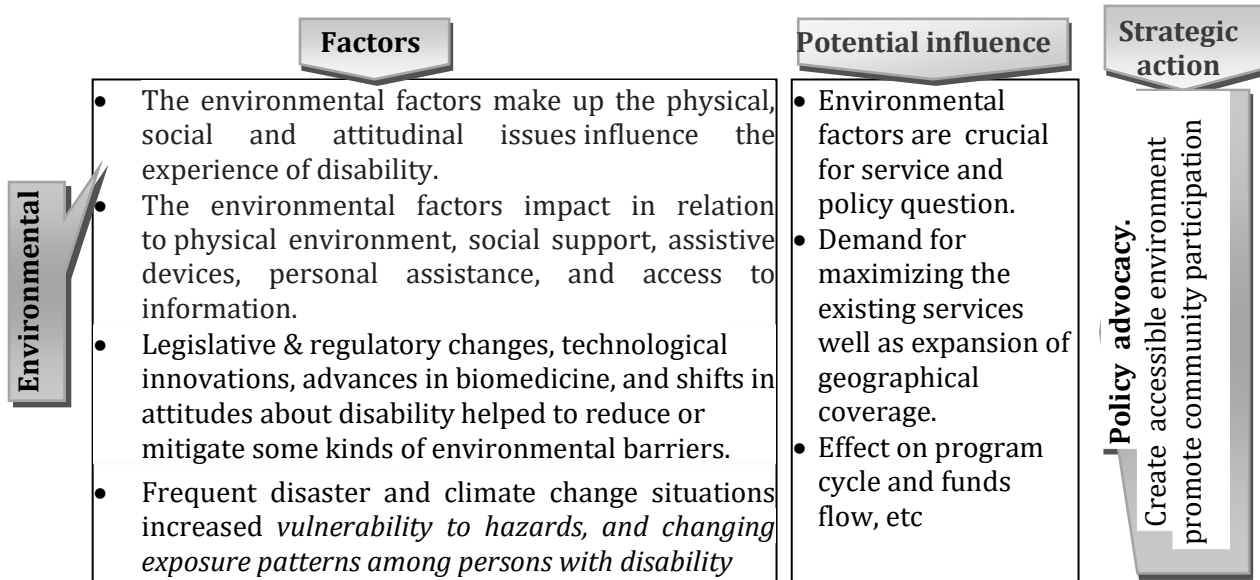
3.3: External Environment Analysis (PESTEL analysis)

PESTEL framework is one of the popular strategy planning tools, it helps organizations to conduct an analysis of the external factors. CDD used the PESTEL to formulate strategic hypotheses and present them on a strategy map. In this situation, PESTEL is most effective when used in association with a SWOT analysis to provide information about potential opportunities and threats. The original PESTEL acronym stands for:

- **P** for **P**olitical
- **E** for **E**conomic
- **S** for **S**ocial
- **T** for **T**echnological
- **E** for **E**nvironmental, and
- **L** for **L**egal







**Discussion:** The comprehensive information is key for evidence-informed policy aiming to improve the lives of persons experiencing different levels of disability, their family members, caregivers, self-help groups, disabled people’s organizations and other stakeholders. It will encourage the development of external and strategic thinking. The PESTEL analysis also be used as a framework for looking outside the organization to hypothesize what may or may not happen in future. It can ensure

that basic factors are not overlooked or ignored when aligning people strategies to the broader organization strategy. It also helped in deciding what additional evidence-based research should be explored.

### 3.4: Stakeholder Analysis

Stakeholder analysis is a term used in program management to describe a process where all the individuals or groups that are likely to be affected by the program are identified and sorted according to how much they can affect the organization and how much the organization can affect them. That information is used to assess how the interests of those stakeholders should be addressed in the strategic planning framework.

#### **3.4.1: Identifying stakeholders**

For strategic analysis, it is important to identify all stakeholders and their needs and turning those into quality services. A Stakeholder is the person, group or institution who can be positively or negatively affected by, or cause an impact on the actions of an organization. CDD identified three types of stakeholders are: Those are: 1) Primary stakeholders and 2) Secondary stakeholders. 3) Tertiary stakeholders

- a) **Primary stakeholders:** are those persons, groups or institutions that ultimately get affected either positively or negatively by the organization's actions. Without any support and participation from the primary stakeholders, the targeted results of the program cannot be achieved. CDD primary stakeholders are identified as Persons with disabilities, Family members and Caregivers.
- b) **Secondary stakeholders:** are those persons, groups or organizations that are indirectly affected by the organization's actions. They are the intermediaries of the process of delivering aids and services to the primary stakeholders. CDD has identified the secondary stakeholders as follows:
  - Self Help Group
  - Disabled People's Organizations
  - CDD's EC members
  - CDD's General Committee members
  - Staff of CDD
  - Health Care Providers (HCPs): 1) Doctors 2) Nurses 3) Counsellor 4) Health workers 5) Lab technicians 6) Physiotherapist 7) psychiatrist, psychologist or other health provider
  - Health Institution: Community *Clinic* (CC), Union Health and Family Welfare Center, Upazila Health Complex, Civil Surgeon, District Hospital, Medical collage and specialised tertiary hospital
  - Government sector: central, District, Upazila, Union level: health and family welfare 2) Social Welfare 3) Women & Children Affair 4) Information and broadcasting 5) Telecommunications and Information Technology 6) Law, Justice & Parliamentary Affair
  - Government administration: General administration, Project Implementation Office



- Local elites: Individual or as member of an institution
- Educational institutions: Schools, *Madrasas*, College, University etc, Primary Teachers Association
- Bangladesh Road Transport Authority (BRTA), Department of motor vehicles ,Bus Owners Association

a) **Tertiary stakeholders:** are external actors who neither make business decisions nor benefit directly from the programme but nonetheless have the ability to influence these decisions.

- Member of Parliament (MP)
- Local Elected Bodies(LEBs): UP chairmen, members, mayor, councillors etc, Upazila Parishad, Zilla Parishad
- NGOs, INGOs and other those are involved in disability issues
- Donors
- Corporate bodies/association
- Industries
- Media: 1) Journalist, print and electronic media 2) Article writer
- Assistive device manufacturers and *Assistive Technology companies*
- Religious institutions: Masjid committee, Mandir committee, Buddhist Samity
- Cultural Club

### ***3.4.2: Assessing the influence and interest of Stakeholders***

To assess the influence and interest of stakeholders CDD categorized the stakeholders into four groups based on their comparative advantages in relation to influence and interest. In this exercise 'Influence' refers the power base, position, status of a stakeholder. 'Interest' refers the willingness to address the problems, needs of the primary stakeholders which are the priority for CDD. In the matrix CDD analyze, the relationship between influence and interest. The diagram reflected the influence and interest from CDD perspective.



<b>Influence</b>	<b>High</b>	<b>High Influence Low Interest (HILI) (C-1)</b>	<b>High Influence High Interest (HIHI) (C-3)</b>
	<ul style="list-style-type: none"> <li>• Member of Parliament (MP)</li> <li>• Corporate bodies/association</li> <li>• Religious institutions: Masjid committee, Mandir committee, Buddhist Samity</li> <li>• Bangladesh Road Transport Authority (BRTA), Department of motor vehicles ,Bus Owners Association</li> <li>• Educational institutions: Schools, <i>Madrasas</i>, College, University etc, Primary Teachers Association</li> <li>• Government administration: General administration, Project Implementation Offices.</li> <li>• Government sector: central, District, Upazila, Union level: 1)health and family welfare 2) Social Welfare 3) Information and broadcasting 4) Telecommunications and Information Technology</li> <li>• Health Care Providers (HCPs)</li> <li>• Local elites</li> </ul>	<ul style="list-style-type: none"> <li>• CDD's EC members</li> <li>• CDD's General Committee members</li> <li>• Staff of CDD</li> <li>• Government sector- central level: 1)health and family welfare 2) Social Welfare 3) Women &amp; Children Affair 4) Law, Justice &amp; Parliamentary Affair</li> <li>• Donors</li> <li>• Media: 1) Journalist, print and electronic media 2) Article writer</li> <li>• NGOs and INGOs: BRAC, Songshoptaque, Uddipan and other those are involved in disability issues</li> </ul>	
	<b>Low</b>	<b>Low Influence Low Interest (LILI) (C-2)</b>	<b>Low Influence High Interest (LIHI) (C-4)</b>
		<ul style="list-style-type: none"> <li>• Industries</li> <li>• Cultural Club</li> <li>• Assistive device manufacturers and <i>Assistive Technology companies</i></li> </ul>	<ul style="list-style-type: none"> <li>• Persons with disabilities</li> <li>• Family members</li> <li>• Caregivers</li> <li>• Self Help Group</li> <li>• Disabled People's Organizations</li> </ul>
		<b>Low</b>	<b>High</b>
		<b>Interest</b>	

**Fig: Stockholding factors interest and their influences**

### **3.4.3: Implication Stockholding factors in strategic planning process**

The purpose of the stakeholder's influence and interest analysis is to develop cooperation among the stakeholders and the program team ultimately to assure successful outcomes for the organization. This analysis is performed to clarify the consequences of envisaged changes or at the outset of new programs or phases in connection with organizational changes. Strategically, CDD should consider utilizing their influence and positive attitudes towards the development of Self help groups and Disabled People's Organizations providing scopes to play significant role in program implementation.

**C-1: High Influence Low Interest (HILI):** indicating high influence due to in the socio-political, decision making and power context despite having low interest but high potentials. So due strategic causes, needs of service provision CDD would not

ignore them, keeping contract and motivate them for services as well to establish the rights of Persons with disabilities.

**C-2 Low Influence Low Interest (LILI):** low influence due to their inadequate interest, commercial attitude and programme context. At present their role less significant but they have the potential. Strategically CDD may consider keeping contract in formal occasions based on their needs.

**C- 3 High Influence High Interest (HIHI):** Stakeholders belonging to this quadrant are highly potential because they have the importance to make positive influence to contribute to achieve the mission of the organization. Strategically, CDD should activate and positively manage in order to accomplish the programme activities.

**C- 4 Low Influence Low Interest (HILI):** Stakeholders belonging to this section are the primary stakeholders and peer support organizations of Persons with disabilities. The organization should focus them, so that they can play the role to create positive and favourable environment if and when necessary. If 'interest' those of stakeholders are not assisted effectively and influences not increased through a process of empowerment then the organization cannot be deemed a 'success' in future. In prevailing socio-economic and political context, they need to be empowered. An enabling environment should be created for them to enhance their social-respect and to promote their rights.

### 3.5: Primary stakeholder's perspectives and perceptions towards CDD:

A half daylong consultation meeting was held with a number of primary stakeholders including caregivers of PWDs and the representatives of PWDOs. The findings of the meeting are narrated below:

<p><b><i>CDD's strengths that they witnessed:</i></b></p> <ul style="list-style-type: none"><li>▪ The wider national and international reputation and large networking platform;</li><li>▪ CDD's capacity to provide various supports including health care and assistive devices;</li><li>▪ CDD has been putting effort for creating job opportunity for PWDs.</li><li>▪ CDD's various good practices which were key organizational strength as well.</li><li>▪ CDD as an organization is a resource for their improvement, an</li></ul>	<p><b><i>CDD's achievement so far they remembered:</i></b></p> <p>All the participants opined that the dignity of PWDs has been increased due to successful interventions of CDD over the years. Though they had physical limitations, CDD helped them to move outside home. Its support increased their participation in community events. Their acceptance in society and families consequently have been increased. They are aware about their rights. They feel they are able to raise their voices within their groups (SHG, Cluster, and Apex) and in the communities and also in government</p>
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avenue for their future and a shelter for their difficulties.

- CDD's high quality transformative leadership, nurturing, innovative thoughts, planning and implementing special projects for providing services to PWDs.
- CDD staff are knowledgeable, caring and supportive. They are motivated and expert in the field of disability care.

**Challenges and barriers still they are facing:**

Despite many progress, still many PWDs cannot participate in various community events. Sometimes they are not invited, even rejected. The society is showing reluctant to listen to their complaints they wanted to share.

The child with disability in the family sometimes pose a serious family crisis, causing family members quarrel over the responsibility of this child, even it leads to disruption of family bondage and indirectly affects the wellbeing of the child. Challenges remain for getting proper justices and accessing to govt. benefit and services. Many of them are deprived of equal job opportunity in various institutions. They find difficulty in entering govt. offices and service points due to lack of ramp and lift there. In communities, they are not encouraged to be a member of UP standing committee.

Casting vote in the pooling station becomes most difficulty for vision and hearing disability due to lack of support system for them. Getting on public transport like bus and managing a seat there is a big challenge for them too. The children with disability, the families have to struggle for them to enroll in normal education institution.

institutions for accessing to various government benefits and services. Many of them expressed, with support of CDD, a substantial number of marginalized PWDs were capacitated with IGA knowledge and skills that helped them to engage in income generation by themselves instead of begging on the street.

**Recommendations to CDD for next actions:**

- Economic empowerment of various disability groups
- Inclusive education for PWDs
- Mental health of careers or care givers
- Sports, entertainments and Rehabilitation for PWDs
- Health care including AD and rehabilitation for PWDs
- Legal rights and legal supports for PWDs
- Capacity enhancement and creating employment opportunity for PWDs
- Advocacy for accessibility for PWDs to government entitlements
- Advocacy for disability friendly infrastructure in all govt and non govt service wings
- Advocacy for disability-friendly voting center & voting system
- Advocacy for inclusion in election (UP), uniform employment guideline formulation and culture in all institution
- Continue mass awareness program for ending stigma and discrimination against the PWDs in the family, society and institutions.

## 3.6: Cross cutting issues and alignments

### **3.6.1: Localization**

The International Council of Voluntary Agencies (ICVA) defines localization as a process where international humanitarian actors shift power and responsibilities of development and humanitarian aid efforts toward local and national actors while fully supporting humanitarian needs.

Localization, on the other hand, is about decentralizing power, money and resources in humanitarian and development aid. It's about local actors influencing action and making decisions throughout – with international actors (including INGOs) stepping in only if and when necessary.

The concept of localization has been present in the humanitarian sector for decades in the form of 'building on local capacities.' However, in regional consultations prior to the 2016 World Humanitarian Summit, it came to the forefront in the bid to find solutions to the shortfall in global humanitarian funding. Before and after the Summit, there have been many discussions about making the humanitarian system more effective and relevant, by ensuring that humanitarian preparedness and response capacity sits with those nearest to the crisis affected-populations as they are best placed to respond quickly and appropriately – and stay longest. The Grand Bargain Commitments agreed at the Summit are a landmark attempt at reforming the international humanitarian system.

The World Humanitarian Summit (WHS) in 2016 brought significant attention to Localization. The Grand Bargain, launched during this summit, is a unique agreement between some of the largest donors and humanitarian organizations who have committed to get more means into the hands of people in need and to improve the effectiveness and efficiency of the humanitarian action. It confirmed a commitment to make sure national and local partners are involved in decision-making processes in any humanitarian response, and deliver assistance in accordance with humanitarian principles.

Because local actors often have the best understanding of the context and acceptance by the people in need of assistance and protection, they are essential for an effective humanitarian response. A set of six commitments related to localization were agreed by the signatories of the Grand Bargain, focusing on; (i) A multi-year investment in the institutional capacities of local and national responders; (ii) The removal of barriers that prevent organizations and donors from partnering with local and national responders; (iii) Support to national coordination mechanisms; (iv) A target of at least 25% of humanitarian funding to local and national responders; (v) Setting a 'Localization' marker to measure direct and indirect funding to local and national responders; and (vi) Greater use of funding tools which increase and improve assistance delivered by local and national responders.

As laid out in the Grand Bargain, the localization agenda is focused on increasing local actors' access to international humanitarian funding, partnerships, coordination spaces, and capacity building. Recently, there has also been increased attention to local leadership and influence in policy spaces. Throughout the years, the localization agenda has been mainstreamed by the humanitarian community.

Over the years, CDD is emerged as a specialized agency in the field of disability inclusive development. Number of innovations and best practices have been produced as the result of continued use of local knowledge and experiences in order to bring effective change among the program participants and duty bearers. Being a local organization, CDD is expecting to have benefit from this international commitments that will contribute to meeting the need of aid resources for implementation of its strategic plan. CDD believes, internal donors community review its commitments and stand behind the local partners for serving the humanity with inclusive and sustainable manner.

### **3.6.2: Covid19 Pandemic**

The Covid19 pandemic is a great burning concern for all the human beings living in the world. No one is out of the effect of the deadly virus whether they are rich or poor, men or women, atheist or religious. It is causing a growing social, economic and financial burden on all countries, and causing hundreds of thousands of deaths globally. Low and middle-income economies will additionally suffer from the lack of international funding available for achieving it country's development goal including SDGs.

There is increasing evidence to suggest that coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), can have significant long-term effects on health. Although most individuals recover from COVID-19 within weeks, it is now well established that some will present with persistent, long-term symptoms. The National Institute for Health and Care Excellence (NICE) describes post COVID-19 syndrome as a set of persistent physical, cognitive, and/or psychological symptoms that continue for more than 12-weeks following the acute illness and are not explained by an alternative diagnosis.

A recent study of 508 707 participants found that 37.7% of participants reported at least one persistent symptom for 12 weeks following acute infection, with 14.8% reporting at least three symptoms. Frequently reported symptoms include fatigue, breathlessness, cognitive impairment, insomnia, anxiety, and depression. These persistent symptoms have a significant impact on individuals that exhibit reduced quality of life, alongside reduced capacity to work, and perform usual daily activities. Together, these findings suggest post-COVID-19 syndrome has a range of individual, social, and economic impacts, therefore underscoring the need to develop effective treatment options.

The United Nations Immediate Socio-economic Response Plan (ISERP) for Bangladesh aims to mitigate the COVID-19 pandemic's multidimensional impacts on the people of Bangladesh. It strives to ensure that the most vulnerable groups are protected, and the country can make a sound recovery and continue its progress

towards its development goals, including Agenda 2030. In support of the economic stimulus and social protection packages issued by the Government of Bangladesh in response to the crisis, the interventions and policy recommendations in this One-UN plan seek to help Bangladesh build back better and seize opportunities to promote more inclusive, sustainable and evidence based development pathways in the post-COVID landscape, including the ongoing existential threats posed to the country by climate change. Every effort must be made, it suggests, to ensure that the country is able to make the necessary investments in social welfare, education, health, high-quality jobs and addressing the climate crisis to seize its one-time, demographic-driven opportunity to accelerate economic and social development over the next decade.

Like other countries, the wave of COVID-19 Pandemic has caused unbearable effect on the growth and economy of Bangladesh. People living with disabilities became more marginalized and vulnerable with their everyday lives and livelihood amidst such unprecedented havoc. The government of Bangladesh included persons with disabilities in its COVID-19 response process. Ministry of Social Welfare issued two directives about providing cash and food support to distressed, prioritizing persons with disabilities. Another directive was issued by the Ministry of Disaster Management and Relief (MODMR), Bangladesh on inclusion of persons with disabilities in COVID-19 response program, deliver relief materials to the homes of persons with disabilities, make awareness messages disability inclusive, provide psycho-social support to families so that they are not anxious and when necessary they can call 33 or 16262 to seek advice, collect, maintain and report with Sex-Age and Disability Disaggregated Data and engage Organizations of Persons with Disabilities (OPDs) and Organizations working on disability issues with humanitarian assistance program.

Being an disability inclusive development organization, CDD came forward to stand behind the persons with disability and their care givers in order to support them recovering from the Covid19 impact through multiple interventions. CDD utilizes existing project funds and mobilized new funds to work on COVID-19 response. CDD also undertook specific projects on COVID-19. CDD worked closely with likeminded organizations including OPDs and advocated collectively for the meaningful inclusion of persons with disabilities as a part of COVID-19 response.

The evidence and research suggest, the Covid19 has long term impact on the human lives, where persons with disability are more prone to that, therefore, CDD keeps its focus active and will take necessary initiative under the existing programs, priorities and interventions, and with effective collaboration and partnership with govt. agencies, development partners, CSO and other institutions.

### **3.6.3: Sustainable Development Goals (SDGs)**

The plan would contribute to fulfill the Sustainable Development Goals (SDGs) goal which is adopted In September 2015; the General Assembly adopted the 2030 Agenda for sustainable development that include 17 Goals. Building on the principle of `leaving no one behind', the new agenda emphasizes a holistic approach to achieving sustainable development for all. The disability issues are referenced in various parts of the SDGs and but will contribute particularly to education, growth

and employment, inequality, accessibility of human settlements, as well as data collection and monitoring of the SDGs, for instance:

Goal-4: inclusive and equitable quality education and promotion of life-long learning opportunities for all focuses on eliminating gender disparities in education and ensuring equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities. In addition, the proposal calls for building and upgrading education facilities that are child, disability and gender sensitive and also provide safe, non-violent, inclusive and effective learning environments for all.

In Goal- 8: to promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all, the international community aims to achieve full and productive employment and decent work for all women and men, including for persons with disabilities, and equal pay for work of equal value.

Closely linked is Goal- 10: which strives to reduce inequality within and among countries by empowering and promoting the social, economic and political inclusion of all, including persons with disabilities.

Goal- 11: would work to make cities and human settlements inclusive, safe and sustainable. To realize this goal, Member States are called upon to provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, such as persons with disabilities. In addition, the proposal calls for providing universal access to safe, inclusive and accessible, green and public spaces, particularly for persons with disabilities.

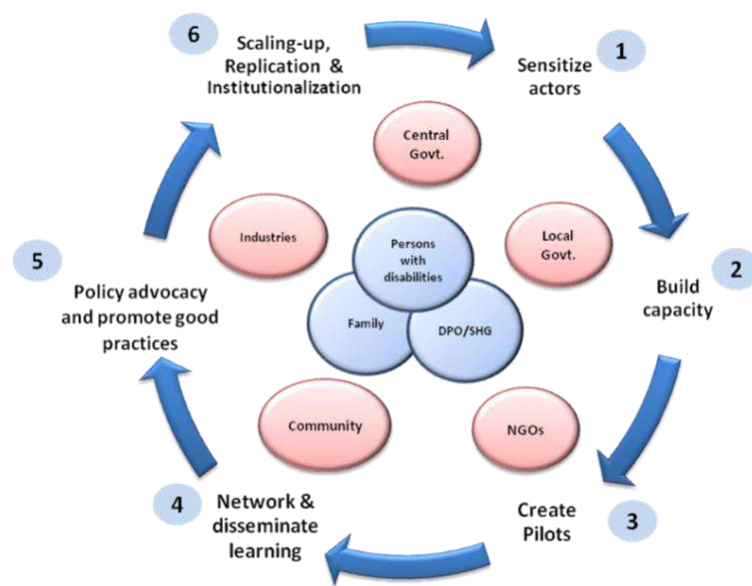
Goal- 17: stresses that in order to strengthen the means of implementation and revitalize the global partnership for sustainable development, the collection of data and monitoring and accountability of the SDGs is crucial. Member States are called upon to enhance capacity-building support to developing countries, including least developed countries (LDCs) and small island developing states (SIDS), which would significantly increase the availability of high-quality, timely and reliable data that is also disaggregated by disability.



## Chapter-04: OUTLINE OF STRATEGIC PLAN

### 4.1 Strategic Working Approach

Over the years, CDD has been practicing a trusted working model: “Twin Track Approach”, which has been demonstrated across all the programs of CDD. In pursuance of the twin track approach promoted by the CRPD, most credible organizations active in the disability and development arena globally, either working as direct service providers, or as promoters, have designed their program activities within a simple framework. Actions are either taken to address disability specific needs, or they are planned to target mainstreaming. Or looking at it from a different perspective, actions are either focused to increase or promote access to services by persons with disabilities, or they are designed to promote social change.



On the one hand, specific interventions are necessary to address specific needs of people with disabilities and make their inclusion in mainstream programs and services possible. Empowerment of people with disabilities is also a specific intervention that will enhance inclusion in development programs and services. On the other hand, a process of social change is also needed before people with disabilities can get access to mainstream programs. A positive attitude towards inclusion of persons

with disabilities is required for development programs to be opened up to them. Besides being involved with its experience and expertise gained over the last two decades, CDD will play a more active role in acting as a bridge between them, such that the effectiveness and the coverage expands over a larger horizon.

CDD works to contribute towards institutionalizing inclusive development are presented in the following cyclic diagram. At the heart of CDD’s focus are the persons with disabilities, their families and their organizations, who are facing barriers excluding them from the mainstream development process. CDD critically engages with the mainstream tiers – the community, the mainstream NGOs, the local and central government and the private sectors, to make them inclusive.

The mainstream actors need to be sensitized in order to build ownership over the inclusion process. Capacities need to be built all around. On the one hand, capacities of the persons with disabilities and their organizations need to be strengthened, such that they are prepared to take control over their own lives. On the other hand,



capacities of the mainstream sectors also need to be built to remove the barriers and make this change sustainable. CDD enjoys piloting new initiatives and projects. The lessons learned have improved CDD's understanding as a whole. Such demonstration programs also help convincing skeptics that inclusion is possible and it works. Therefore, CDD will continue to pilot new initiatives.

CDD believes in the power of collective strength, also values shared pride and never backs down from sharing its learning widely. For this, CDD networks with likeminded partners in order to promote inclusion and create change. CDD also promotes persons with disabilities and their organizations in policy advocacy and influencing work. Several pilot initiatives of CDD have been scaled up and replicated by mainstream actors, including some being institutionalized by the government. These successes encouraged CDD to take inclusion into a higher level, or on a new thematic area. Thus, the inclusion cycle starts all over again.

## 4.2 Strategic Direction

Strategic direction is a course to consider every action as a strategy to achieve the desired goal and then carefully choose the best or most appropriate strategies for the actions. It is the function of top management and pro-active team members of various sections, which provides the organization's purpose or 'strategic intent'. In this section, CDD has addressed on setting of 'Strategic directions' for next four years. Within the framework CDD seeks to make the necessary incremental improvements through following strategic directions:

- Stabilization, with internal growth;
- Consolidation;
- Scaling-up;
- Demand and issue based flexibility

### **4.2.1: Stabilization of the CDD with internal growth**

This is the process of making firm and steady development of the organization. CDD will pursue stabilization, with some areas of internal growth. It is committed to improve its core services such as program management, capacity building, advocacy etc. The directions are focused on two distinct sets of circumstances:

- A. *Service stabilization*: refers to demand management and policy changes. This process will bring a number of changes including decision-making process, leadership development, responsibilities of member organizations and staff, M&E system, and resource base etc.
- B. *Crisis stabilization*: to resolve various crises including economic crisis. This will ensure to avoid unwanted situation of CDD's life cycle. It is important to ensure that the organization remains firmly focused on achieving its vision, mission and objectives over the long term. That includes a number of critical areas:
  - a) Capacity building: meet the increasing demands from the all types of persons with disabilities, family members, caregivers and other stakeholders to enhance capacity of the staff, EC and member organizations.

- b) Develop efficient systems and process: To support effective delivery of the services and program management through self-help groups and disabled people's organizations.
- c) Financial sustainability: Identify and explore sustainable sources of funds for the ongoing and expanded programs of CDD and disabled people's organizations.

#### **4.2.2: The overall coordination of CDD**

Coordination is the integration, consolidation, and coordination of the efforts of the members of the self-help groups and disabled people's organizations so that the program can be continued in pursuit of vision, mission and core values of CDD. The process has included of integrating the CDD's activities and services as well as management of self-help groups and disabled people's organizations. The CDD will try focus on programs rather than projects. It is challenging to absorb all the projects into an integrated program as several donors are supporting different projects. However, CDD will try to integrate the services through a comprehensive model by sharing ideas at donor level. The model of CDD will comprise the following principles:

- a) Planning phase: Mapping out service areas, needs and nature of dealing through participatory approaches. .
- b) Programme design: Assessment of the programmatic conditions and initiate partnership with self-help groups and disabled people's organizations.
- c) Implementation phase: Consolidation of partnership through shared implementation with self-help groups and disabled people's organizations.
- d) Sustainability and maintenance: Planning depends upon participatory monitoring and evaluation, consolidation of lessons learned and experiences.

#### **4.2.3: Scaling-up of the programs and services**

This is the process of reaching wider coverage by institutionalizing the effective programs and services of the organization. That is why CDD are directed to change the practices of the alliance and ultimately improve the quality of life through positive social and cultural change. There will be broader expansions through the institutionalization of the CDD's programs and services. The visibility and effectiveness of the program will create social awareness and more acceptances by changing the conventional thinking. CDD will initiate three key approaches to scaling-up programs. Those include:

- a) The long-term expansion plan should develop based on action research and good practices capturing the learning experience.
- b) Scaling-up of the program and services can happen at any time and at any level of the organization including self-help groups and disabled people's organizations.
- c) Expanding a particular program once it has been pilot tested and has proved effective.
- d) Adding new initiative into the existing program e.g. Research, information management, design need based capacity building initiatives etc.

#### **4.2.4: Demand and issue based flexibility**

CDD will remain united with demand-driven programs in line with the CDD's core values and ideas. The program will be flexible enough in planning and implementation

to adapt to changing circumstances and needs. The effective participation of the stakeholders especially persons with disabilities, family members, caregivers self-help groups and disabled people's organizations will be ensured through the concerted efforts and solidarity of the CDD. The steps of the CDD will be as follows:

- a) Trend analysis of context and socio-cultural situation and review of existing process.
- b) To increase the general understanding among the concern stakeholders through communication and exchange of views to ensure participatory and effective decision is making process.
- c) To rearrange the strategy and activities of the CDD depending on the needs and issues.

#### 4.3 Formulation of Strategic Plan 2022-2025

The strategic plan for the period of 2022-2025 has been developed through series of consultation with variety of stakeholders including program participants, partners and duty bearers. Finding of all these processes together with Literature Review, SWOT analysis, PESTEL analysis and Stakeholder Analysis gave specific thoughts, ideas and guidance to set the priorities areas where CDD can work for the next four years with a view to achieving specific objectives and results. A total 11 priority areas are identified, off which 7 is for development program domains and the rest 4 is for organizational domains. Priority areas, specific concerns, outcome and results are produced through critical look, and the existing vision, mission and core values are reviewed, which are presented below:

##### **4.3.1: Vision, Mission and Values & Principles**

###### **VISION:**

***"An inclusive world where all persons with disabilities live with dignity"***

###### **MISSION:**

***"To contribute in creating a sustainable inclusive environment where persons with disabilities are meaningfully participating in the mainstream development process, on an equal basis with others"***

###### **VALUES & PRINCIPLES**

###### ***Respect all human diversity:***

CDD demonstrates in all that it does, the respect for difference and acceptance of all human diversity including persons with disabilities;

###### ***Promote respect for dignity and independence of persons with disabilities:***

CDD will uphold the respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons with disabilities;

***Promote Creativeness and Professionalism:***

CDD works to develop ideas and provide technical support necessary for achieving its vision, and thus be mindful of creativeness and professionalism;

***Work in Partnership:***

CDD works together with its partner organizations and provide technical support to develop skills and human resources to influence the government and non-government entities;

***Nurture Culture of Cooperation and Promote Hard Work:***

CDD is compelled to nurture an environment of cooperation that promotes hard work, perseverance, transparency, accountability and an unshakeable faith in itself;

***Taking the Side of the Most Vulnerable and Marginalized:***

CDD aspires to promote the potentials of poor, vulnerable and marginalized people including persons with disabilities to overcome the inequity and injustice of poverty and vulnerability;

***Appropriate Use of Resources:***

CDD recognizes that resources are limited and best use has to be made of them, and thus be cautious about value for money in all that it does;

***All Human Beings are Equal:***

CDD practices non-discrimination for all in its endeavors promoting gender equality

***4.3.2: Thematic Priority, Strategic Objectives, Results and Milestones***

***THEMATIC PRIORITIES:***

**THEMATIC PRIORITY-01: HEALTH AND REHABILITATION**

Need for rehabilitation of persons with disabilities are growing day by day but the rehabilitation support is not available according to the needs across the country particularly hard to reach areas of Bangladesh. Compared to the growing need, there inadequate rehabilitation service providers are working throughout the country.

During the last decades Bangladesh has created examples of local level health care services by establishing community clinics throughout the country. There are more than 13,000 community clinics providing primary healthcare with a plan of each covering a population of around 6,000. However, this primary healthcare services are most of the cases not accessible or disability friendly. As a result, persons with disabilities are often deprived of health care services. On the other hand, mental health services and service providers are also inadequate at sub-district and union level. Most cases mental health issues are considered taboo in the society. At the same time, services related to hearing and ear care are also not available at local level.

Considering the above, health and rehabilitation are emerged one of the most priority area of CDD under which CDD took different initiatives to ensure health care support, therapeutic services, assistive device provision, creating referral linkages between health care and rehabilitation service providers, psychosocial counselling, etc. All the services are directed to ensure a better and healthy life for all including person with disabilities.

CDD gives special emphasis to create options of disability specific health care services at proximity of persons with disability. Since its inception CDD has undertaken many projects through which CDD created different opportunities and service provisions at community level where persons with disabilities were able to acquire required services. At Savar office CDD established National Resource Centre on Assistive Technology (NRCAT) and through this center CDD produces and provides assistive devices such as wheelchairs, tricycles, artificial limbs, hand splints and walking frames for improving mobility and quality of lives of persons with mobility problems.

CDD works with partner organizations to provide health and rehabilitation services at the doorsteps of persons with disabilities through trained rehabilitation workers. Beside this CDD orients the local level health workers, trained birth attendance and extension workers on disability inclusion and conducts health promotion activities at local level to enhance access of persons with disabilities in the improved health care services. Therefore, CDD has the opportunity to contribute a longer period of time to support government institutions and other agencies for ensuring wide range of coverage of health and rehabilitation services across the country to meeting the emerging needs.

**Strategic Objective-01: To contribute to inclusive health and rehabilitation services for persons with disabilities and other marginalized groups.**

**Result-1.1:** Functional independence of persons with disabilities and people in need is improved through multidisciplinary therapeutic and health care services.

**Result-1.2:** Increased sensitization and actions by mainstream health actors to incorporate rehab services, including psychosocial support from the community to the national level.

**Milestones chart for tracking the progress**

Result	Milestone of progress against results		
	Year-2	Year-3	Year-4
<b>Result-1.1:</b> <i>Functional independence of persons with disabilities and people in need is improved through multidisciplinary</i>	1500 persons with disabilities functional condition improved and they became independent.	2000 persons with disabilities functional condition improved and they became independent.	2500 persons with disabilities functional condition improved and they became independent.

Result	Milestone of progress against results		
	Year-2	Year-3	Year-4
<i>therapeutic and health care services.</i>	200 persons received psychosocial support and their condition improved	250 persons received psychosocial support and their condition improved	300 persons received psychosocial support and their condition improved.
<b>Result-1.2:</b> <i>Increased sensitization and actions by mainstream health actors to incorporate rehab services, including psychosocial support from the community to the national level.</i>	200 health service providers are sensitized about disability issues and disability inclusive health care system	300 health service providers are sensitized about disability issues and disability inclusive health care system	300 health service providers are sensitized about disability issues and disability inclusive health care system

**THEMATIC PRIORITY-02: EDUCATION**

The right to education has been recognized by the Universal Declaration of Human Rights (UDHR) in 1948. Article 26 of UDHR stated: *"Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory."* Following this Bangladesh government has also declared *"Education for All"*. The 2030 Agenda for Sustainable Development Goal 4 on Education, and the Education 2030 Framework for Action emphasize *"Education for All"* as a way to conceptualize inclusive education and make a pledge to *"leave no one behind"*.

However, children with disabilities of Bangladesh are still facing difficulties in claiming their rights of education at different levels. Multidimensional issues are creating the barriers in the field of education, like inaccessible infrastructures, classroom environment, inaccessible water points and toilet facilities, lack of trained teachers, inaccessible teaching learning materials, etc.

CDD has technical expertise on accessibility, classroom modification, teachers' training on inclusive education, etc. issues which CDD used in the field of education. CDD also has the capacity to develop need based accessible teaching learning materials using Braille, Sign Language, alternative communication materials, assistive devices, etc. which are essential for inclusive education. CDD is working with inclusive education for a long time.

Over the last two and half decades, CDD has been at the forefront of development initiatives to improve inclusive/mainstream educational provision for learners with disabilities through implementing disability inclusive development projects/programmes in Bangladesh. CDD along with several NGOs have been trying to influence the government to create disability friendly inclusive environment in the primary, secondary and higher education sector since 1997. For this CDD is working

closely with the Directorate of Primary Education (DPE) and the Directorate of Secondary and Higher Education (DSHE). A series of experimental pilot inclusive education projects focused on learners with disability have been initiated by CDD in formal and non-formal education sectors for accelerating the process. CDD has contributed significantly to achieve the targeted goals following the strategies and approaches initiated by the government of Bangladesh.

Inclusive education is increasingly promoted as a strategy to achieve Education for All. In Bangladesh the Government has made efforts to promote inclusive education by revisiting teacher training curricula and making it disability inclusive, which is the result of policy advocacy by CDD along with other different NGOs. In addition, CDD also provided expertise supports for developing training curriculum/manuals for teachers and education officers. The process was led by DPE along with others development agencies together. The present situation analysis suggested CDD to continue its effort in area of quality mainstream education by utilizing its long experiences and expertise on the field of disability inclusive education.

**Strategic Objective-02:** To improve the access to mainstream and specialized education by learners with disabilities.

**Result-2.1:** Increased enrollment, retention and completion rate of learners with disabilities in mainstream and existing specialized education.

**Result-2.2:** Education institutes are ready, and resources are available to facilitate the inclusion of learners with disabilities.

**Result-2.3:** Increased initiatives to promote inclusive education through advocacy and networking.

### Milestones chart for tracking the progress

Result	Milestone of progress against results		
	Year-2	Year-3	Year-4
<b>Result-2.1:</b> <i>Increased enrollment, retention and completion rate of learners with disabilities in mainstream and existing specialized education.</i>	800 children with disabilities are identified in CDD's working locations  The database of identified children with disabilities is available  Enrollment and retention rate monitoring tools are available	Admission of identified children with disabilities to the nearest government/non-government formal/non-formal/special/integrated education completed  Developed/adapted Teaching Learning Materials (TLMs) are available in CDD supporter education programmes.	Progress evaluation completed  Recommendations for the next strategic plan are available



Result	Milestone of progress against results		
	Year-2	Year-3	Year-4
		Educational institutions installed need-based accessible features	
<b>Result-2.2:</b> <i>Education institutes are ready, and resources are available to facilitate the inclusion of learners with disabilities.</i>	Strengthening capacities of existing CDD's resource pool completed  Capacity development of caregivers, school teachers, SMC members, PTA, PTI, UEO, URC instructors, etc. started	Capacity development of caregivers, school teachers, SMC members, PTA, PTI, UEO, URC instructors, etc. completed Follow up plan and mechanism are available	Progress evaluation completed  Recommendations for the next strategic plan are available
<b>Result-2.3:</b> <i>Increased initiatives to promote inclusive education through advocacy and networking.</i>	All level barriers are identified for the inclusion of children with disabilities in education  Prioritized advocacy agendas are available  Lobbying with different donors, government agencies and other stakeholders started from the local to national level	OPDs/parents groups/caregiver associations are actively participating in the advocacy initiatives of CDD Existing education-related networks/platforms recognize CDD's intervention and participate in the joint advocacy process. CDD actively participates in all education-related national and global initiatives by member network partners.	Progress evaluation completed  Recommendations for the next strategic plan are available

### **THEMATIC PRIORITY-03: RIGHTS AND ENTITLEMENTS**

Rights and entitlements of persons with disabilities are often neglected in the society. It is mainly because that they are often considered as unproductive and dependent members of the community. This is a typical point of view of community people as they seldom see examples where persons with disabilities are actively participating in the mainstream development and contributing to their families. They are not aware about Rights and Protection of Persons with Disabilities Act 2013 and as such they

lack knowledge about rights and entitlement of persons with disabilities. On the other hand, persons with disabilities are not united and most cases they seldom interact outside of their comfort zone. As a result, their needs and rights are not recognized or reflected in grassroots to national level development planning and budgeting.

CDD has ongoing project-interventions where Rights-Based Approach (RBA) is one of the core principles. RBA approach provides with knowledge for the targeted communities of the CDD-projects on civil, political, social, and fundamental rights as mentioned in the Universal Declaration of Human Rights (UDHR) and Constitution of Bangladesh, Convention on the rights of Persons with Disabilities (UNCRPD) through linking those with Rights and Protection of Persons with Disabilities Act 2013 and relevant policies. CDD mobilized and encouraged persons with disabilities to become united and form Self Help Groups (SHGs). CDD also developed relevant training courses and knowledge products for giving persons with disabilities with a solid grounding of rights. It uses tools to assess the capacity of SHGs and then crafts capacity development plans for them.

As a result of need-based and relevant capacity development initiatives of CDD, leadership skills of many persons with disabilities flourished at the community level and it strengthened their groups. Through a systematic process facilitated by CDD, the voices of persons with disabilities and their collectives are amplified and strengthened to advocate for their rights and entitlements on an equal basis with others.

CDD also facilitated through its partner organizations to engage persons with disabilities in different income generating activities, both self and wage employment. This initiative helped persons with disabilities to become productive members of their families and to become part of decision-making process.

CCD and its stakeholders strongly feel to work continue more on the area of rights and entitlement of persons with disability in order to create a wider based of informed understanding and knowledge among the persons with disability across the country that will contribute to increase their access to entitlements.

**Strategic objective-03:** To enhance the capacity of persons with disabilities, non-paid carers & their organisations on their rights and entitlements, accessing decision-making processes and available services.

**Result-3.1:** Enhanced empowerment of persons with disabilities and their carers as self-advocates with adequate understanding, knowledge, and skills to access their rights and entitlements.

**Result-3.2:** Increased meaningful participation of persons with disabilities and their non-paid carers in decision-making at family, society, and institution levels.

**Result-3.3:** Increased access to services and entitlements of persons with disabilities and non-paid carers.

## Milestones chart for tracking the progress

Result	Milestone of progress against results		
	Year-2	Year-3	Year-4
<b>Result-3.1:</b> <i>Enhanced empowerment of persons with disabilities and their carers as self-advocates with adequate understanding, knowledge, and skills to access their rights and entitlements.</i>	500 people with disabilities have been identified who are showing interest in being part of self-help groups.  30 SHGs are formed	500 new people with disabilities have been identified who are showing interest in being part of self-help groups.  30 new SHGs are formed	SHGs and Apex Bodies are engaged in advocacy with sub-district and district level government offices.
<b>Result-3.2:</b> <i>Increased meaningful participation of persons with disabilities and their non-paid carers in decision-making at family, society, and institution levels.</i>	100 people with disabilities, including their non-paid carers, are included in different local level committees.	100 more people with disabilities, including their non-paid carers, are included in different local level committees.	100 more people with disabilities, including their non-paid carers, are included in different local level committees.
<b>Result-3.3:</b> <i>Increased access to services and entitlements of persons with disabilities and non-paid carers.</i>	700 Persons with disabilities received Disability Card, Disability Allowance, Education Allowance	700 newly selected persons with disabilities received Disability Card, Disability Allowance, Education Allowance	700 newly selected persons with disabilities received Disability Card, Disability Allowance, Education Allowance

### THEMATIC PRIORITY-04: LIVELIHOOD AND ECONOMIC DEVELOPMENT

Persons with disabilities are often considered as burdens of their families. As most of the persons with disabilities cannot contribute to their families financially, their opinions do not have any value or weight. Mostly they live their lives as dependents. On the other hand, a large portion of persons with disabilities and their families live under the poverty line.

Community people view persons with disabilities as contributed members of the society as only a very few persons with disabilities are seen actively involved in livelihood activities. The reason behind this is lack of education opportunities, inaccessible workplace, lack of opportunities of skill training, different barriers for availing loans from financial institutions, negative attitudes of family and community, etc.

CDD believes that earning creates opportunity for persons with disabilities to become a contributive and dignified member of their families and communities. This also gives

them the opportunity to be part of the decision-making process. Therefore, livelihood and economic development is one of the key thematic priorities of CDD since its emergence.

CDD is implementing different livelihood initiatives for persons with disabilities from the very beginning of its existence. CDD focuses on creating self-employment opportunities for persons with disabilities as well as works with potential employers to create enabling environment for their wage employment. Engagement in some sort of livelihood is essential for economic development.

Considering the increased demand of persons with disability, CDD has decided continues its interventions in the area of livelihood and economic development. The best practices and innovations are being replicated and scaled up including new initiatives to fulfilling the changing needs in a sustainable manner.

**Strategic Objective-04:** To create earning opportunity for persons with disabilities to lead better and healthy life in their family and society.

**Result-4.1:** Increased access to skill development training opportunities for persons with disabilities.

**Result-4.2:** Increased income of persons with disabilities and most at-risk people through income generating activities and entrepreneurship.

**Result-4.3:** Increased employment opportunities for persons with disabilities in public, private and I/NGO sectors through sensitization, networking, advocacy, internship and job referrals.

### Milestones chart for tracking the progress

Result	Milestone of progress against results		
	Year-2	Year-3	Year-4
<b>Result-4.1:</b> <i>Increased access to skill development training opportunities for persons with disabilities.</i>	Advocacy with 10 TVET institutes to make their training venue accessible and their policy disability inclusive.	Advocacies continue with TVET institutes. And extend technical support to the institutes.	Advocacies continue with TVET institutes. And extend technical support to the institutes.
<b>Result-4.2:</b> <i>Increased income of persons with disabilities and most at-risk people through income generating</i>	Link 500 persons with disabilities and their carers with livelihood activities	Link 500 new persons with disabilities and their carers with livelihood activities	Link 500 new persons with disabilities and their carers with livelihood activities

Result	Milestone of progress against results		
	Year-2	Year-3	Year-4
<i>activities and entrepreneurship.</i>			
<b>Result-4.3:</b> <i>Increased employment opportunities for persons with disabilities in public, private and I/NGO sectors through sensitization, networking, advocacy, internship and job referrals.</i>	Prepare a list of potential employers/organizations Review the existing policies and identify the gaps  Identify the advocacy issues and prepare advocacy plan	Develop a policy brief.  Meeting /workshop/ dialogue with potential employers/organizations to create an inclusive working environment.  Accessibility audit at selected organizations Referral linkage/ networking process established.  Follow up plan and mechanism established	Documentaries (process documentation, good examples, challenges, learnings, etc.) available for next strategy

**THEMATIC PRIORITY-05: DISABILITY INCLUSIVE LOCAL GOVERNMENT**

Local government institutions are responsible for all local level development process. A person with disability staying in a jurisdiction of a local government institution requires to get available services from the institution once s/he needs. Unfortunately, most of the local government institutions of our country are not able to provide disability inclusive and disability friendly services.

On the other hand, most of the cases, the development process mentioned in the local government act are not followed properly by the local government bodies. While working at local level, CDD observed that, elected members of the local government do not have clear understanding about the local government act, relevant policies, or government circulars. Most of the cases the standing committees of the Union Parishad are found inactive and non-functional. The members and chairmen of the Union Parishad, Ward Councilors and Mayor of City and Municipality Governance, and the local level service providers have little or no-understanding about the specific needs of persons with disability. As the planning process of the local government are not following the local government act and the standing committees are not functional, there is no representation of persons with disabilities in the total process. For these reasons, while preparing development plan at local level, they seldom think about disability issues.

On this backdrop, CDD has taken inclusive local government as one of the key priority areas. CDD has been working with different layers and categories of local government for a long time. CDD mobilizes persons with disabilities by forming self-help groups at local level and facilitates advocacy initiatives and sensitizes different local level actors including elected chairmen, members, ward councilors, mayors and secretaries

of local governed institutions. All these gave CCD strength as well as opportunity to continue its work for brining sustainable results.

**Strategic objective-05:** To provide support in strengthening the capacity of the local government institutions on disability mainstreaming in the local governance structures, processes and services.

**Result-5.1:** Enhanced capacity of local government functionaries through training, workshop, exposure visits and sensitization programmes.

**Result-5.2:** Increased citizen engagement with LGIs to improve transparency, accountability, responsiveness, better service delivery and inclusiveness in the different committees of local government structure and local development processes including planning and open budgeting.

**Result-5.3:** Inclusive good governance practices at different project locations are documented and used as advocacy tools with concerned government agencies.

### Milestones chart for tracking the progress

Result	Milestone of progress against results		
	Year-2	Year-3	Year-4
<b>Result-5.1:</b> <i>Enhanced capacity of local government functionaries through training, workshop, exposure visits and sensitization programmes.</i>	Disability inclusiveness of LGIs assessment at different project locations are completed and prepared capacity building plan for the LGI functionaries for future	LGI functionaries are capacitate about LGI act, disability understanding, disability inclusive local development process	Followed up and refresher activities for the LGI functionaries are conducted
<b>Result-5.2:</b> <i>Increased citizen engagement with LGIs to improve transparency, accountability, responsiveness, better service delivery and inclusiveness in the different committees of local government structure and local development processes including planning and open budgeting.</i>	OPDs, SHGs and Apex Bodies are mobilized to sensitize local communities to make them understand about transparency and accountability of the LGI functionaries and to improve the local governance process	Local citizen are engaged in implementing different social accountability tools with the LGIs to make LGIs more transparent, accountable, responsive and improve the quality of their services	LGIs are practicing inclusive planning and budgeting process and budget allocation increased in the local governance institutions for effective implementation of disability mainstreaming plans and actions.
<b>Result-5.3:</b> <i>Inclusive good governance practices at different project locations are documented and used</i>	Process of inclusive practices of LGIs are documented	Documents of inclusive practices of the LGIs are used as advocacy tools with	Advocacy initiatives continued with concerned government agencies

Result	Milestone of progress against results		
	Year-2	Year-3	Year-4
<i>as advocacy tools with concerned government agencies.</i>		concerned government agencies	

**THEMATIC PRIORITY-06: INCLUSIVE WASH**

The major problems faced by persons with disabilities are social discrimination and barriers in their environment. Persons with disabilities often have limited access to water, sanitation, and hygiene (WASH) services in emergency and development situations. The duty bearers who are responsible for providing WASH services they need to take responsibility to reduce attitudinal, institutional and environmental barriers. This is related with articles 9 and 19 of the Convention on the Rights of People with Disabilities.

Community WASH facilities are inadequate and inaccessible for persons with disabilities. Community people has very little or no idea about inclusive WASH issue. Safe drinking water become unavailable for persons with disabilities during disaster. Barriers to accessing WASH services & facilities disproportionately affect persons with disabilities and women and girls to fully meet their needs before, during and after disaster. Inequitable access to WASH impacts health, livelihood, and education opportunities of persons with disabilities. During emergency situation, if a person with physical disability, who has mobility issue can reach to a shelter, he / she will find that the WASH block of the shelter is mostly inaccessible.

Considering the above, CDD is now giving emphasis on inclusive WASH as one of its key priority areas. CDD has been working in the selected areas of Bangladesh for spreading & strengthening the knowledge of JMP standards (the Joint Monitoring Program -JMP is the international standard for measuring WASH) practices and facilities among communities to be able to assess their drinking water sources, community toilets and hand washing and hygiene practices as per JMP to decrease the water borne diseases and improve the quality of their drinking water.

CDD is also working to develop knowledge and understanding of disability inclusive WASH facilities, gender and disability inclusive WASH action plans of CBO and Self Help Groups involving Union & Ward Water & Sanitation-Watsan committee, encouraging participation of women and persons with disabilities in decision making process at the family and communities while discussion on accessible wash facilities to promote Community Led Total Sanitation (CLTS), develop gender and disability inclusive WASH action plans.

CDD has also worked in Rohingya and host community to create accessible water point facilities for the persons with disabilities and marginalized groups.

**Strategic Objective 6:** Improved accessible and equitable access to and use of WASH facilities and services in urban and rural areas.

**Result-6.1:** Increased awareness and sensitization among community and service providers to promote inclusive and safelymanaged Water, Sanitation, and Hygiene.



**Result-6.2:** Capacity strengthening of WASH actors to promote WASH facilities at rural and urban areas in line with GEDSI (gender-equality, disability, and social inclusion).

**Result-6.3:** Improved disability inclusive WASH structures, system and facilities in emergency shelters and settings.

### Milestones chart for tracking the progress

Result	Milestone of progress against results		
	Year-2	Year-3	Year-4
<b>Result-6.1:</b> Increased awareness and sensitization among community and service providers to promote inclusive and safely managed Water, Sanitation, and Hygiene.	Capacity developed on Inclusive WASH of different change agents (SHG, CLTS cluster, CBO, Women group, WATSAN Committees etc) whose are perform as motivator and monitoring	30% household improve their WASH facilities as safely managed level	60% household improve their WASH facilities as safely managed level
<b>Result-6.2:</b> Capacity strengthening of WASH actors to promote WASH facilities at rural and urban areas in line with GEDSI (gender-equality, disability, and social inclusion).	<p>Department of Public Health, Disaster Management and Education reviewed and updated their policies and guidelines for accessibility in WASH services</p> <p>Capacity develop on how to promote inclusive WASH and their roles and responsibilities with LGIs functionaries</p>	<p>Updated Policies and Guidelines approved by the concern authority.</p> <p>40% LGIs functionaries allocate budget and expenses for WASH facilities improvement at community and school level</p>	<p>Roll out multidisciplinary WASH services local level (community and school) for persons with disabilities</p> <p>70% LGIs functionaries allocate budget and expenses for WASH facilities improvement at community and school level</p>
<b>Result-6.3:</b> Improved disability inclusive WASH structures, system and facilities in emergency shelters and settings.	Department of Disaster Management reviewed and updated their policies and guidelines for accessibility in WASH services at emergency shelters	Updated Policies and Guidelines approved by the concern authority.	Roll out multidisciplinary WASH services in emergency shelters (community and school) for persons with disabilities

## **THEMATIC PRIORITY-07: INCLUSIVE DRR & CCA AND HUMANITARIAN ACTIONS**

Disaster and climate change affect persons with disabilities more violently than others. Persons with disabilities, their families and communities become affected by disaster and climate change and their lives and livelihoods are damaged. They suffered the most as they are more at-risk than others due to their permanent conditions and they possess limited understanding about how to cope with disaster. Accessibility issues is everywhere, which limits their movement. In a disaster situation when they require to move quickly to a shelter (which is most cases inaccessible), they cannot do it due to natural inaccessible terrain and manmade inaccessible infrastructures. There is no or limited participation of persons with disabilities in disaster preparedness programmes. At the same time government, national and international organization, private sector organizations have very limited understanding about disability issues. As a result, while addressing disaster prone or disaster affected community, they seldom consider about persons with disabilities as an at-risk group who needs special care and support before, during and after any disaster.

Considering all the above, CDD realized the importance of making the DRR, CCA and humanitarian action inclusive. CDD has started to address the needs of disaster affected persons with disabilities and their families since 2007. Now Disability inclusive DRR, CCA and Humanitarian Action is one of CDD's key thematic programmes where most at risk communities including persons with disabilities are at the Centre of the management process. To address the concerns of persons with disabilities under this thematic area CDD is applying community-based and twin-track approach, complemented by advocacy and knowledge sharing.

Over the last two and a half decades, CDD has worked in many areas of Bangladesh. CDD has implemented disability inclusive disaster risk management projects in different hazard prone locations of the country which include the most flood-prone and cyclone prone areas of Bangladesh.

CDD has also addressed climate change issues at different locations where CDD worked with climate change adaptation mechanism and also initiated alternative livelihoods for persons with disabilities considering different climate change issues. CDD has working experience at rural and urban locations. The experience and expertise that CDD has gained over the years has been recognized nationally and internationally. CDD is one of the founding members of DiDRRN (<https://www.didrrn.net/>) and also the member of different networks in the country. While working in this field CDD has realized that there are many more issues that needed to be addressed to make the DRR and CCA truly inclusive and CDD needs to work with concerned stakeholders to bring about those changes.

In addition to DiDRR, and DiCCA, CDD is actively engaged with Emergency Response/ Humanitarian Actions. From December 2017, following the influx of Rohingya refugees in Cox's Bazar CDD initiated health and rehabilitation support in several Rohingya camps and host communities.

**Strategic Objective-07:** To strengthen the mainstreaming process of disability inclusion in DRR, CCA, and humanitarian actions.

**Result-7.1:** Disability issues are addressed in disaster risk reduction.

**Result-7.2:** Disability issues are addressed in climate change adaptation and mitigation.

**Result-7.3:** Disability issues are addressed in humanitarian actions

### Milestones chart for tracking the progress

Result	Milestone of progress against results		
	Year-2	Year-3	Year-4
<b>Result-7.1:</b> <i>Disability issues are addressed in disaster risk reduction.</i>	Disability issue is considered in DRM planning, capacity building training and practices of MoDMR & DDM	Mainstream DRR practicing NGOs, academicians, CPP, FPP, FSCD, BDRCS, Bangladesh Scout have become more concern about disability issue in DRR	DiDRR program of CDD expanded in selected Urban areas and rural areas along with Government and Non-Government partners.
<b>Result-7.2:</b> <i>Disability issues are addressed in climate change adaptation and mitigation.</i>	Relation established and provided disability orientation to MoFE & CC, BCCT & CCA practicing NGO's and shared DiCCA study of Southkhali. Contributed to the review of NAP.	Continue DiCCA piloting at Southern part of the country along with CPP & CCA practicing NGO's . Established strategic and operational partnership with BCCT.	Policies and practices of CCA are reviewed and approved by MoFE & CC with the lens of disability inclusion. DiCCA good practices and examples are created and disseminated in local and national level
<b>Result-7.3:</b> <i>Disability issues are addressed in humanitarian actions.</i>	5000 Rohingya people and host community people received disability specific services from CDD's intervention	5000 new Rohingya people and host community people received disability specific services from CDD's intervention	5000 new Rohingya people and host community people received disability specific services from CDD's intervention

## ***OTHER PROGRAMMATIC PRIORITIES:***

During this period CDD will continue to prioritize the most neglected groups among persons with disabilities. CDD will strengthen its initiatives on deaf-blindness, deaf children, carers, psychosocial disabilities, people with leprosy and other relevant groups. CDD will strengthen its internal capacity to undertake relevant interventions specific to their needs and to support other organizations and agencies to make their programme inclusive for them.

Considering the importance of investing in children, adolescents and youths CDD will undertake initiatives for their participation, inclusion, rights and entitlements.

Recognizing the growth in the number of aging population and its link with disability, CDD will undertake different initiatives on issues concerning older people and healthy aging.

### **Intersectionality:**

Addressing intersectionality will be a key priority for CDD. People regardless of types of disability, gender, age, indigenous identity, religion, social status, etc. will be considered in all programme interventions of CDD.

## **ORGANIZATIONAL PRIORITIES:**

The consultation processes with staff and program participants including SWOT analysis reflected that CDD has gained and gathered significant amount of experiences, knowledge, skills, excellence and recognition in the field of disability Inclusion through disability mainstreaming and empowerment in disability specific core development areas . It has strongly governing body, policies, system, values, cultures and practices that were found as the key to the success in brining tangible results towards fulfilling its mission and vision.

However, despite the strength, CDD critically analyzed its improvement areas and identified four specific areas/themes where they strongly feel to work for the next four years aiming to strengthen its operational capacities and sustainability to meeting the strategic objectives and resultants set forth under this strategic plan.

### **Priority Theme-08: Capacity Building**

Capacity building is referred as the process of developing and improving knowledge, skills, abilities, policies, processes and resources that organizations and communities need to survive, adapt, and flourish in a changing context. It is a continued strategy and interventions for any organization, which is aimed to make the organization ready with a view to comply with the ongoing needs in the changing context.

Under this strategic plan, CDD addresses both the software (capacity of human resources) and hardware (policy, systems and procedures) part of development based on identified needs and priorities.

**Strategic objective-08:** To improve capacity of the organization to deliver better service to target population.

**Result-8.1:** Improved and updated organizational policies, systems and cultures for better response to the needs of the community.

**Result-8.2:** Enhanced human resource capacity with appropriate knowledge and skills to develop quality services to the community people.

**Result-8.2:** Enhanced human resource capacity with appropriate knowledge and skills to ensure quality services to the community people.

### **Priority Theme-09: Monitoring, Evaluation, Learning and Research**

CDD's most common approach is to do project/program-based monitoring and evaluation. Central monitoring and evaluation including learning and knowledge management system and unit have been established yet. Research initiative is very limited.

The current strategic plan puts high priority on these areas with an intention to build CDD as a learning and research organization for disability inclusive development. CDD intends to create a hub for learning and search for the practitioners, academic and students, and to take joint initiative with relevant research and academic institutions locally and globally.

**Strategic objective-09:** To strengthen monitoring, evaluation, research and learning wing of the organization in line with program needs and priorities.

**Result-9.1:** Improved standard monitoring, evaluation and learning system and practice across the all programs and projects.

**Result-9.2:** Increased organizational excellence and acceptance in the area of disability inclusive research.

#### **Priority Theme-10: Partnership, Communication and Visibility**

Partnership is one of the key working approaches of CDD since its inception. This has given immense learning and experiences to work together to fight against discrimination and exclusion that the persons with disability face as well as to create enabling environment for them in order to get an easy access to services and entitlements.

Hence, CDD keeps continued its partnership effort for this strategic period. In addition to that, CDD realized that it is important to review its current community and visibility mechanism and practices for promotion of its excellence and branding among the community, stakeholders, government and donor community.

**Strategic Objective-10:** To promote organizational partnership, communication and visibility for effective use of organizational use towards sustainability.

**Result -10.1:** Strengthened and reviewed partnership with relevant stakeholders for effective coordination and networking in the field of implementation.

**Result-10.2:** Increased organizational communication and visibility at locally, regionally, nationally and globally through applying effective system and cultures in practice.

#### **Priority Theme-11: Resource Mobilization and Business Development**

Resource mobilization is a process of raising different types of support that include both cash and in-kind in order to run the programs and projects of the organization towards achieving organization goal, mission and vision including sustainability. Resource mobilization is critical to any organization for ensuring the continuation of organization's service provision to the clients; supporting organizational sustainability; allowing for improvement and scaling up of services the organization currently provides; and generating new initiatives to stay in active and vibrant. Therefore, CDD gives strong focus on resource mobilization and business development.

**Strategic objective-11:** To optimize and explore organizational resources for organizational sustainability towards achieving organizational mission and vision.

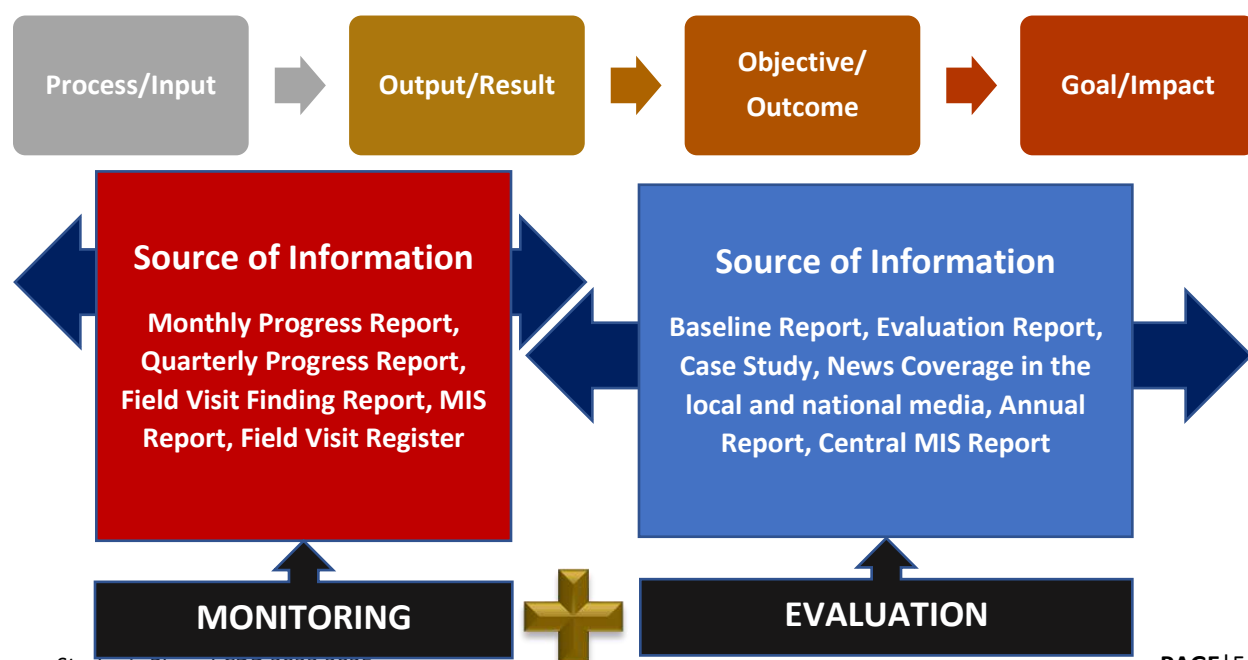
**Result 11.1:** Increased funding opportunities to meet the organizations needs and priorities.

**Result-11.2:** Increased income generating provisions by utilizing organizational resources and opportunities

### 5.1 Monitoring and Evaluation

The CDD central M&E and Learning Unit will lead and coordinate the entire processes of monitoring and evaluation of the strategic plan. The unit will develop a detailed M&E plan based on the expected results and milestone set against each thematic/priority area. The monitoring will be done at process and output level indicators across all the programs and projects being implemented under each priority area. The monitoring findings will be recorded, analyzed and shared in the periodic meeting such as monthly and quarterly meeting in order to take necessary decision as appropriate. A central MIS system will be developed to gather regular data against specific process and output indicators from all the projects and programs of CDD. The data will be analyzed centrally and shared in the management to see the ongoing progress towards achieving the milestone. Besides, every project and program will have inbuilt M&E system, which are interconnected and coordinated by the central team through effective communication means.

CCD’s usual practice is to do evaluation at the mid or and at the end of project or program in order see the changes at the outcome and impact level. To some extent, it also examines output level performances to discover the theory of changes in connection with the outcome and impact level changes. CDD also does baseline study according to the program needs. However, CDD will explore to set some milestone indicators through its regular project and program evaluation. In addition to that CDD is thinking to design separate initiative to do a macro evaluation across all the programs at the end of second year and fourth year. The first one will allow CDD to think about whether CDD need to do some review. The last one will guide to give specific recommendations for the next five strategic thoughts. Below diagram gives an overview of M&E mechanism.





CDD Documentation, Learning and Program Development team are integral part of broader frame of organizational M&E. They will regularly capture on going changes, best practices, innovation and lesson learnt being occurred in the as a result of quality implementation. All these are categorically analyzed and reflected in the program and management decision, new program planning, scale up and strategy formulation.

## REFERENCES:

1. *CDD Strategic Plan (2016-2020)*, CDD, Savar, Dhaka
  2. *CDD Annual Report 2018 - 2019*, CDD Savar Dhaka
  3. *CDD Annual Report 2019 to June 2020*, CDD Savar Dhaka
  4. *Guideline for Organizational Strategic Planning Process-Rajan Ghimire* January 2022
  5. *Disability and Global Development (POPH90088)/ 2021 Handbook/The University of Melbourne*, Website : <https://handbook.unimelb.edu.au/2021/subjects/poph90088>
- Factsheet on Persons with Disabilities/UN, Website;  
<https://www.un.org/development/desa/disabilities/resources/factsheet-on-persons-with-disabilities.html>
6. *Persons with Disabilities Rights and Protection Act Booklet, Bangladesh/WDDF-APCD-SADF*,  
Website:<https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/95795/118013/F51789448/BGD95795%20Booklet.pdf>
  7. *UN Convention on the Rights of Persons with Disabilities/United Nations/Adopted 13 Dec 2006*, Website: <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>
  8. *Vienna Declaration and Programme of Action/World Conference on Human Right, Vienna, 25 June 1993*, Website:  
<https://www.ohchr.org/en/professionalinterest/pages/vienna.aspx>
- Community-based rehabilitation: CBR guidelines/WHO; Website:  
<https://www.who.int/publications/i/item/9789241548052>
9. *Sustainable Development Goals, 2016-2030 (SDG)/UN*; Website :  
<https://sdgs.un.org/goals>
  10. *Global Disability Summit 2022/ The International Disability Alliance [IDA]/Norway*;  
Website: <https://www.globaldisabilitysummit.org/>
  11. *United Nations Convention on the Rights of Persons with Disabilities*; Website:  
<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>
  12. *ILO Development Cooperation Strategy 2020–25*; Website:  
[https://www.ilo.org/wcmsp5/groups/public/---ed\\_norm/---relconf/documents/meetingdocument/wcms\\_757878.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_757878.pdf)
  13. *Ottawa Charter on Health Promotion/WHO*; Website:  
<https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference>

KEY FOCUS AREAS/Disability

Information/CDD/Bangladesh;<https://cdd.org.bd/about-disability/>

Standard Rules on the Equalization of Opportunities for Persons with Disabilities/United Nations; Website :

<https://www.un.org/development/desa/disabilities/standard-rules-on-the-equalization-of-opportunities-for-persons-with-disabilities.html>

14. *8th Five Year National Plan 2021-2025/Government of Bangladesh; Website:*  
<http://plancomm.gov.bd/site/files/8ec347dc-4926-4802-a839-7569897e1a7a/8th-Five-Year-Plan>

Education for All (EFA)/ International Bureau of Education/UNESCO; Website:  
<http://www.ibe.unesco.org/en/glossary-curriculum-terminology/e/education-all-efa>

15. *Livelihoods for disabled people: Opportunities and challenges/The Daily Star/ Tue Apr 23, 2013; Website :* <https://www.thedailystar.net/news/livelihoods-for-disabled-people-opportunities-and-challenges-2>

16. *Education for Children with Disabilities in Bangladesh/ The Borgen Project/; Website:*  
<https://borgenproject.org/education-for-children-with-disabilities-in-bangladesh/>

17. *Disability Rights in Bangladesh/Sida/2014;*  
<https://cdn.sida.se/app/uploads/2021/05/10142908/rights-of-persons-with-disabilities-bangladesh.pdf>;

18. <https://reliefweb.int/sites/reliefweb.int/files/resources/Localisation-In-Practice-Full-Report-v4.pdf>;

19. <https://charter4change.org/2019/06/24/new-charter4change-annual-report-2019/>

20. *INGOs and the Localisation Agenda, Madiha Zeb Sadiq, Research and Development Assistant, Humanitarian Academy for Development,*

21. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7351394/>

22. *BGD\_ Socioeconomic-Response-Plan\_2020*

23. <https://plan-international.org/education/inclusive-education-children-disability?gclid>

24. <https://www.unicef.org/rosa/media/16986/file/Country%20Profile%20-%20Bangladesh.pdf>

25. [https://revistia.org/files/articles/ejed\\_v1\\_i1\\_18/Bushra.pdf](https://revistia.org/files/articles/ejed_v1_i1_18/Bushra.pdf)

26. <https://www.deccanherald.com/opinion/panorama/governance-key-to-push-rights-of-person-with-disability-784065.html>

27. <https://en.prothomalo.com/bangladesh/roundtable/disability-act-and-action-plan-must-be-implemented>

28. [www.un.org/disabilities/convention/conventionfull.s.html](http://www.un.org/disabilities/convention/conventionfull.s.html)

29. *Bangladesh Government – UNHCR Population Factsheet, October 2021*

30. Website: <https://www.worldometers.info/world-population/bangladesh-population/>

31. *Bangladesh Government – UNHCR Population Factsheet, October 2021*